

51 2001

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 2001

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen Merstorf

2. DATE
OF
DEATH

2/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1420 Hubert St

Length of stay in Baltimore

27

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED

Widowed, Divorced (Specify)

Married

8. DATE OF BIRTH

NOV 20 - 1902

9. AGE (In years last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria Hungary

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Ray

14. MOTHER'S MAIDEN NAME

MARIA MANNHERZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Joseph MERSTORF 1420 Hubert St

ADDRESS

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatic C.V. disease & mitral stenosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. J. Williams

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

3/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem. & A. Co. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. J. Williams

25. FUNERAL DIRECTOR

W. H. Cr. B. M. Walters

VS 151

MEDICAL CERTIFICATION

correct age is important. Physician: please write the causes of death clearly and legibly.

ND-89811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Haye Plenter

2. DATE
OF
DEATH

Feb. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 10, 1870

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Plenter

14. MOTHER'S MAIDEN NAME

Gertrude Tihon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

1 Week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

2C. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-15, 1944 to 2-17, 1951, that I last saw the
deceased alive on 2-17, 1951 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

2-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

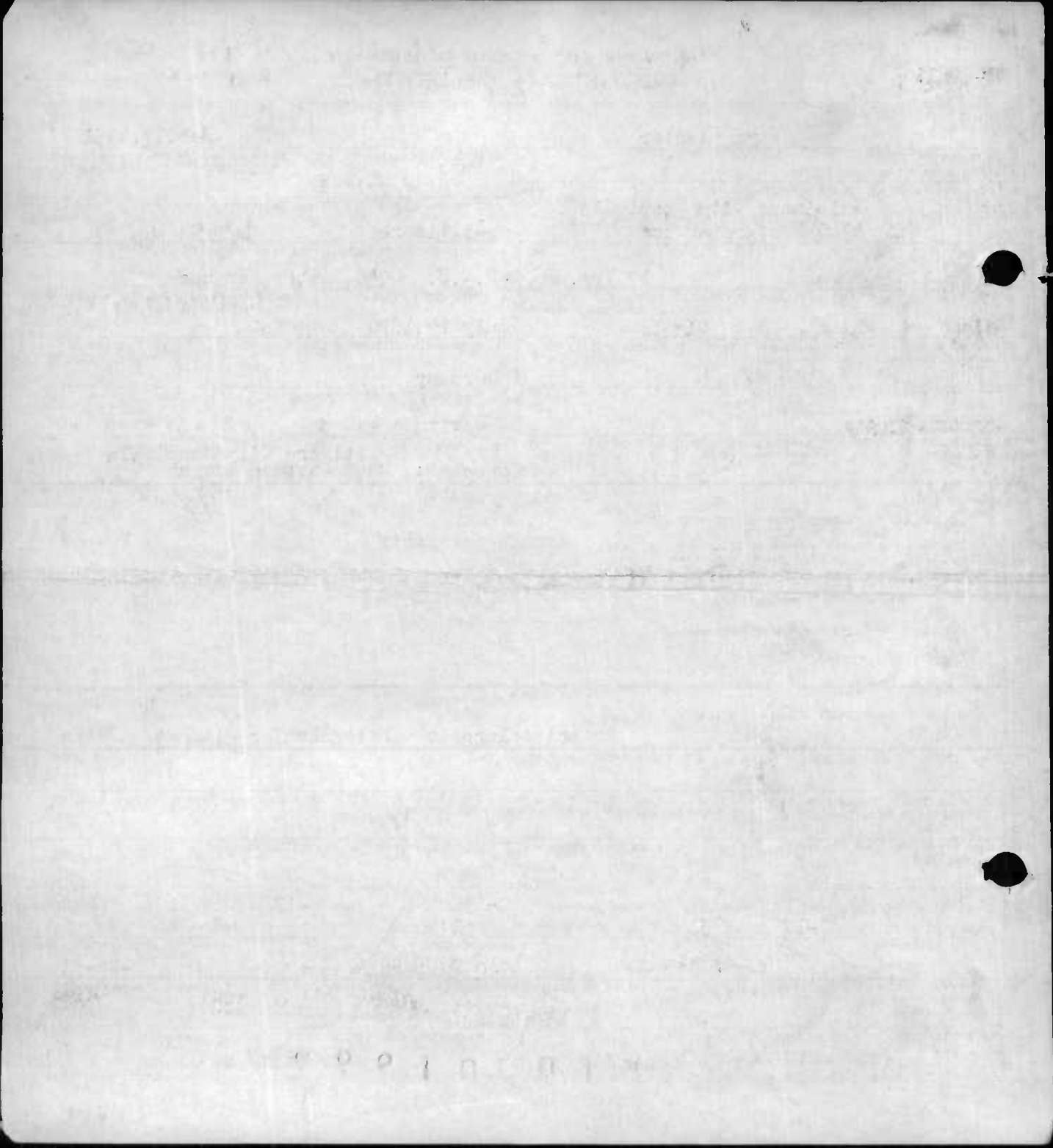
25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

Huntington Williams, M.D.

Commissioner of Health



420

51 2003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2003

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

H yman Glick

2. DATE OF DEATH
March 1 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3500 Taney Road

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3500 Taney Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-20D. STREET ADDRESS (If rural, give location)
3500 Taney Road

C. Length of stay in Baltimore 54 yrs.

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widower8. DATE OF BIRTH
Feb. 1, 18849. AGE (in years last birthday)
6710. Under 1 Year Months Days
11. Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Proprietor10B. KIND OF BUSINESS OR INDUSTRY
Loan Business11. BIRTHPLACE (State or foreign country)
Russia12. CITIZEN OF WHAT COUNTRY?
USA.

13. FATHER'S NAME

Aaron Glick

14. MOTHER'S MAIDEN NAME

Sarah Lieberman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Mollie Briskman- 4126 Norfolk Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Coronary Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary Sclerosis

DUE TO

(C)

Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/18, 1930/24, 1961, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

G. L. Hornstein

M. D.

204 E. Biddle St

3/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

March 2, 1951

SHOMRA* SHABOS
Hebrew Mt Carmel Cemetery

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126

MAR 2-1951

tintington Williams

Sol. J. ... Bus W North ave

29071

94a

MEDICAL CERTIFICATION
correct age is especially important - physicians - please state the reason for death

1. *[Faint handwritten text]*
2. *[Faint handwritten text]*
3. *[Faint handwritten text]*

4. *[Faint handwritten text]*
5. *[Faint handwritten text]*
6. *[Faint handwritten text]*
7. *[Faint handwritten text]*
8. *[Faint handwritten text]*
9. *[Faint handwritten text]*
10. *[Faint handwritten text]*

520

51

2804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

2804

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA LYNCH

2. DATE OF DEATH

Feb. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 3-02

D. STREET ADDRESS (If rural, give location)

1128 E. Lombard

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 14, 1882

9. AGE (In years last birthday)

69

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Isaac Anderson

14. MOTHER'S MAIDEN NAME

Viola Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

William Leasure 1128 E. Lombard St

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Feb. 26, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/2/1951

24c. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24d. LOCATION (City, town, or county) (State)

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

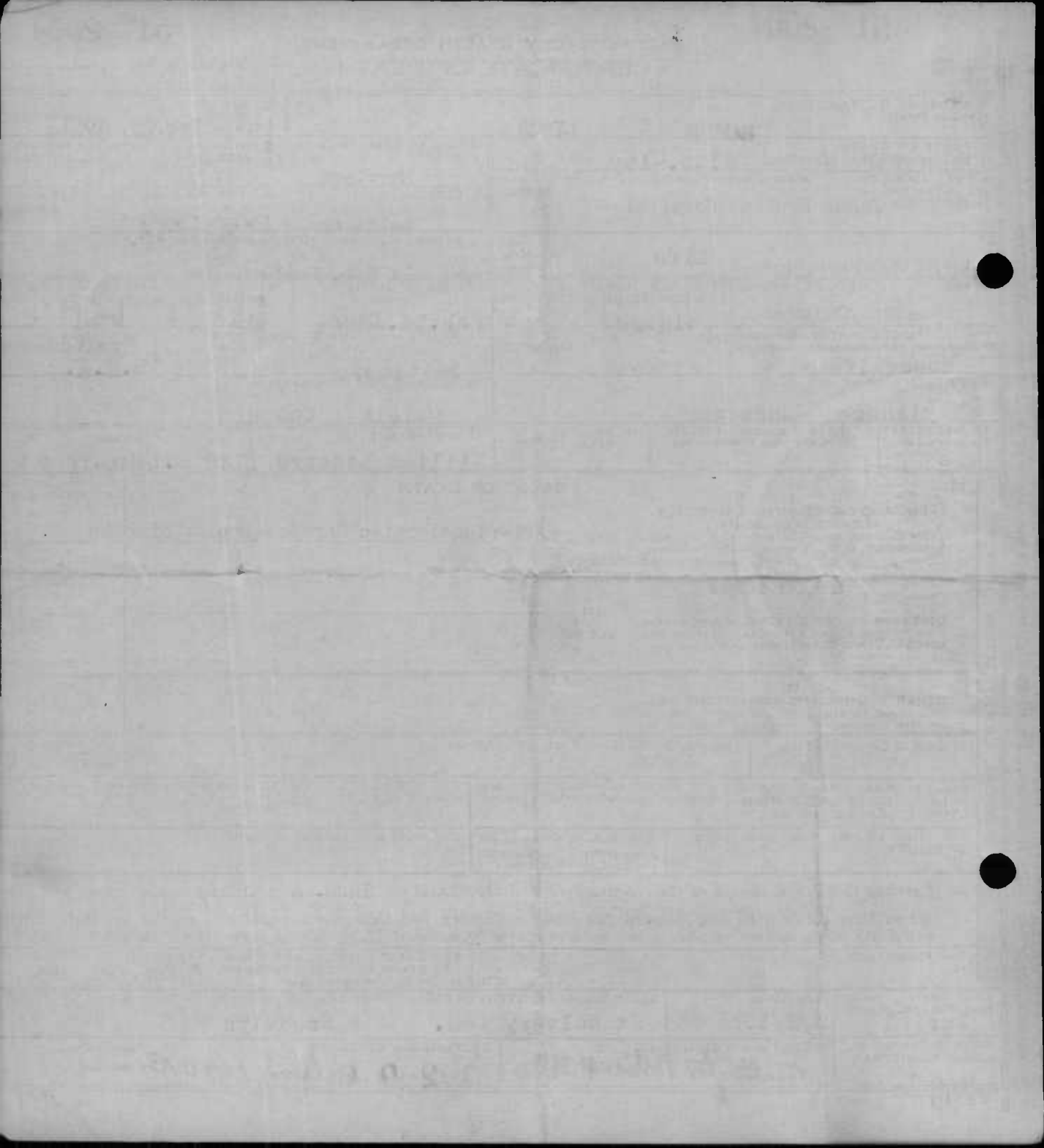
ADDRESS

MAR 2 - 1951

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



636 51 2005

CARTER

51 2005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Virginia Carter J.

2. DATE
OF
DEATH

2-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

1007 Madison Ave

C. Length of stay in Baltimore 25 Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 4, 1908

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alfonso Carter

14. MOTHER'S MAIDEN NAME

Unknown?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucy Harper 1009 Madison Avenue

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO Hypertensive cardiovascular
disease

2-27-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardiovascular
disease
DUE TO Hypertensive cardiovascular
disease
(C)

2-27-51

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-51, to 2-27-51, that I last saw the
deceased alive on 2-27-51, and that death occurred at 12 30 m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicola

M. O.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

2-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/2/1951

Mt Calvary Cem.

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2-1951

Eugene Wilson

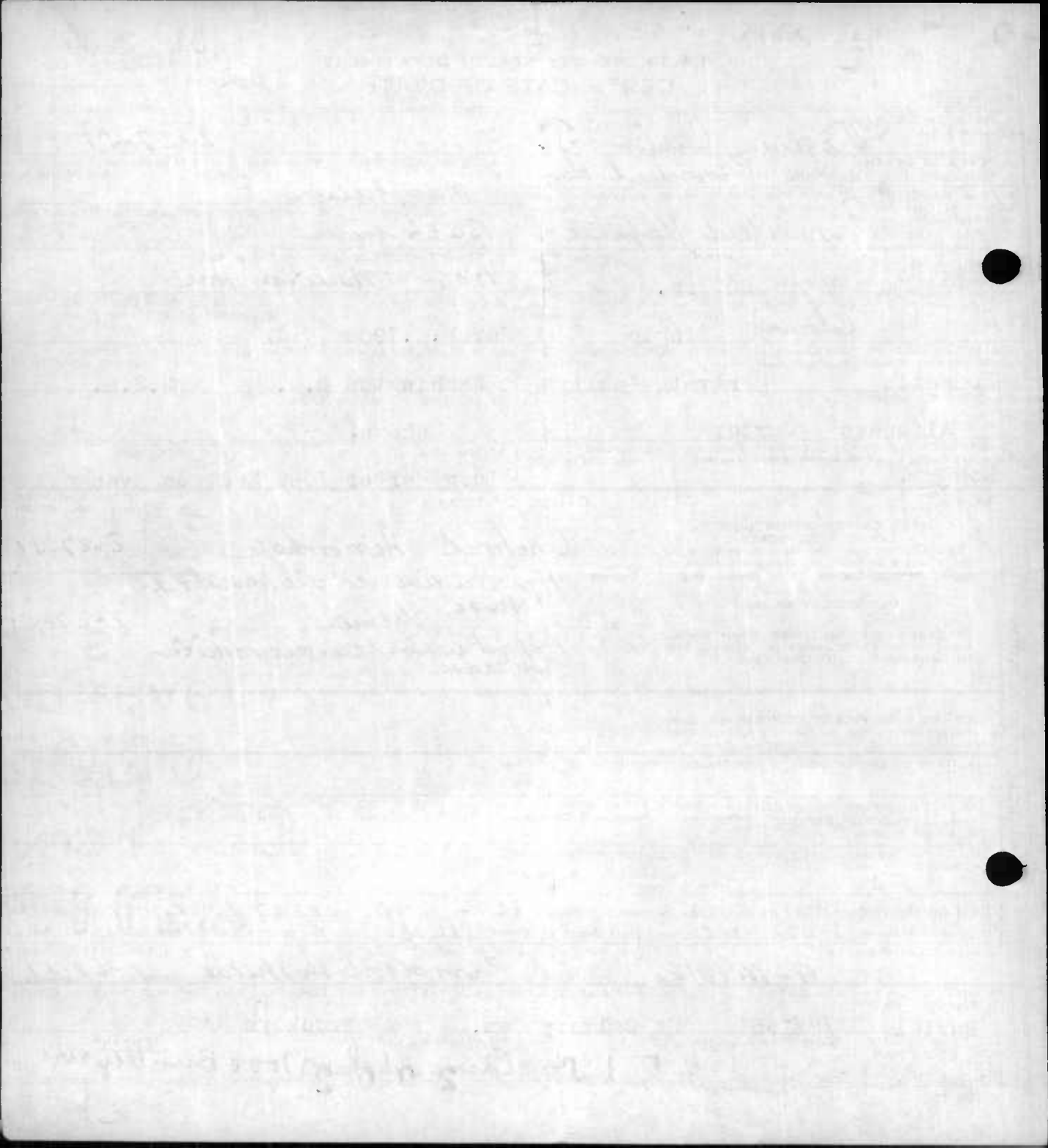
1000 Bunting Ave

VS 150

720 FA

937

MEDICAL CERTIFICATION
Correct age is especially important in infant deaths



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARCELLA DESHIELDS		2. DATE OF DEATH February 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
D. STREET ADDRESS (If rural, give location) 1207 Bevard Street		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1899
9. AGE (In years last birthday) 51		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Campher		14. MOTHER'S MAIDEN NAME Willie Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Lewis Deshields		ADDRESS 1207 Bevard St	

18. E903.6, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Postoperative circulatory collapse DUE TO ANTECEDENT CAUSES Fracture of left femur DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH _____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		_____

19A. DATE OF OPERATION Feb. 26, 1951		19B. MAJOR FINDINGS OF OPERATION Food store		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Food store		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Schreiber's Meat Market, Eutaw & Lexington	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY About Feb. 6, 1951 ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to floor	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 27, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/2/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
--	--	------------------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR Feb 27 1951		REGISTRAR'S SIGNATURE <i>William H. Wilson</i>		FUNERAL DIRECTOR <i>Henry B. Wilson</i>		ADDRESS 1000 Brantly	
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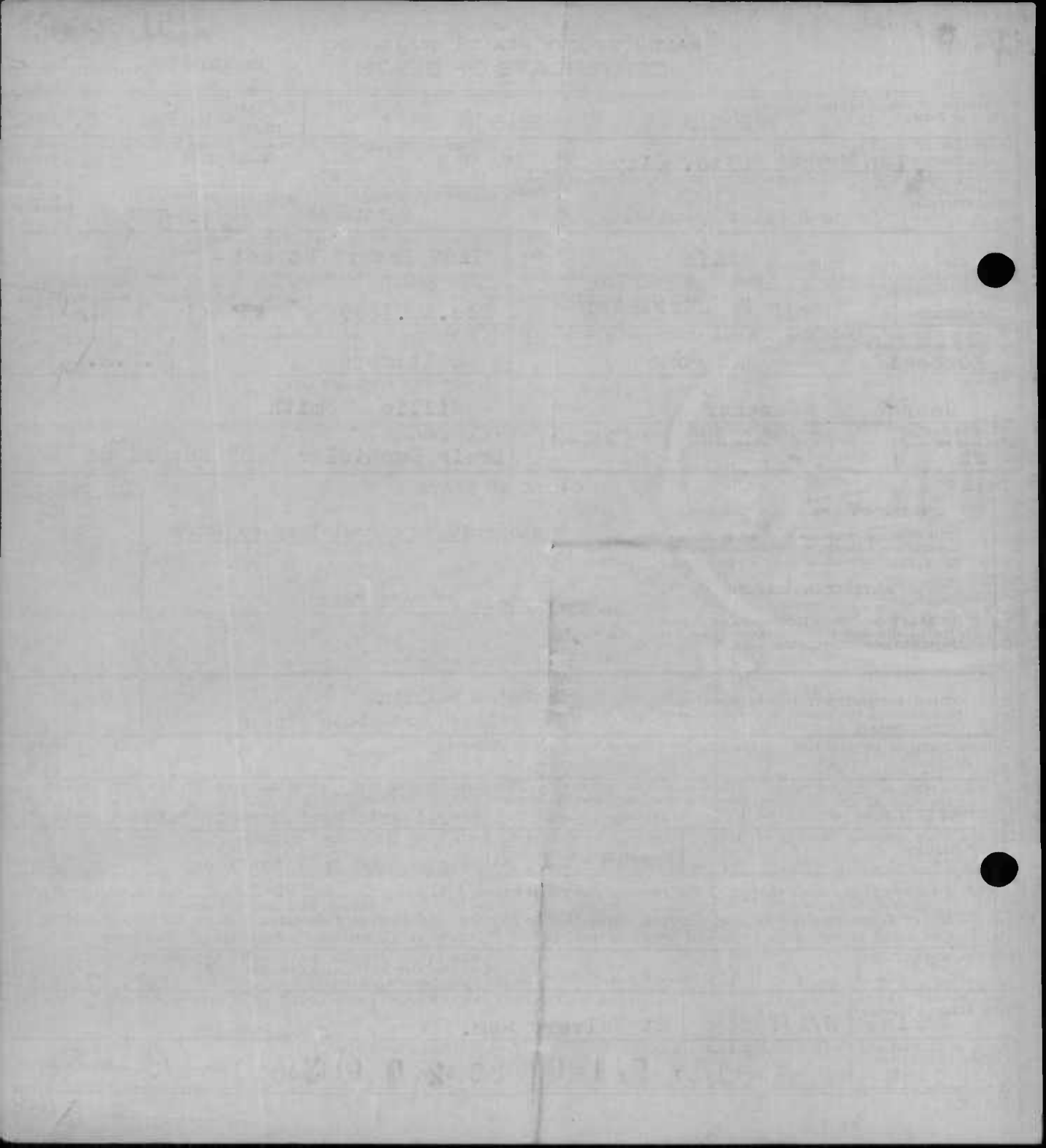
VS 151

MEDICAL CERTIFICATION

Correct age is especially important. Infillers. Please write the causes of death clearly.

V-821.0

1862



420 51 2007 JANIE BLOCK

51 2007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Janie Block</u>		2. DATE OF DEATH <u>2/26/51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1520 McKean Ave</u> B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>00</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>15-02</u> C. CITY OR TOWN <u>Balto. City</u> D. STREET ADDRESS (If rural, give location) <u>1520 McKean Ave</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. AGE (In years last birthday) <u>79</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Camden S.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Sanders</u>		14. MOTHER'S MAIDEN NAME <u>Caroline ?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Lee Smith</u>		ADDRESS <u>4623 Allendale Detroit</u>	

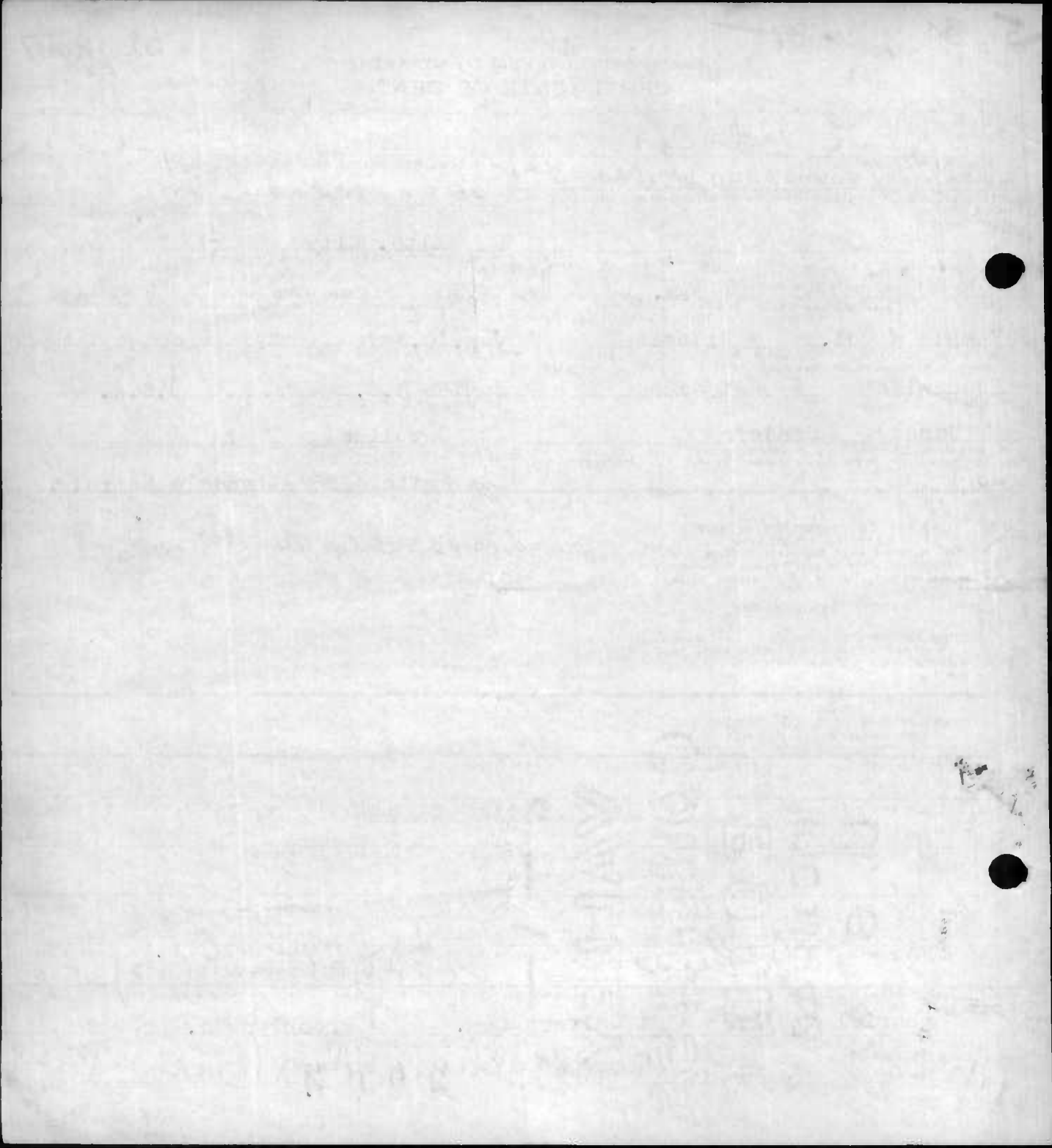
18. <u>447X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Cardio Vascular Renal Disease</u> DUE TO (A) <u>Cardio Vascular Renal Disease</u> (B) <u>Cardio Vascular Renal Disease</u> (C) <u>Cardio Vascular Renal Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Cardio Vascular Renal Disease</u> (C) <u>Cardio Vascular Renal Disease</u>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 5, 1951</u> to <u>Feb. 5, 1951</u> , that I last saw the deceased alive on <u>Feb 5, 1951</u> and that death occurred at <u>m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>H. P. Johnson</u>		23B. ADDRESS <u>483 Medart A</u>		23C. DATE SIGNED <u>2/28/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/2/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) <u>Brooklyn Md.</u>		24E. LOCATION (State) <u>MD</u>		24F. LOCATION (State) <u>MD</u>	

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 2-1951</u>		REGISTRAR'S SIGNATURE <u>W. H. Williams</u>		25. FUNERAL DIRECTOR <u>W. H. Williams</u>		ADDRESS <u>1000 Brantly Ave</u>	
--	--	---	--	--	--	---------------------------------	--

VS 150

131a



51 2008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2008

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE M. JOHNSON		2. DATE OF DEATH Feb. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02	
D. STREET ADDRESS (If rural, give location) 1128 E. Lombard St.		E. LENGTH OF STAY IN BALTIMORE 35 Yrs.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 70 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Larkin Johnson		11. BIRTHPLACE (State or foreign country) Washington D.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Fannie Bailey		ADDRESS 308 Caroline St	

18. **42211** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 28, 195124A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3/3/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

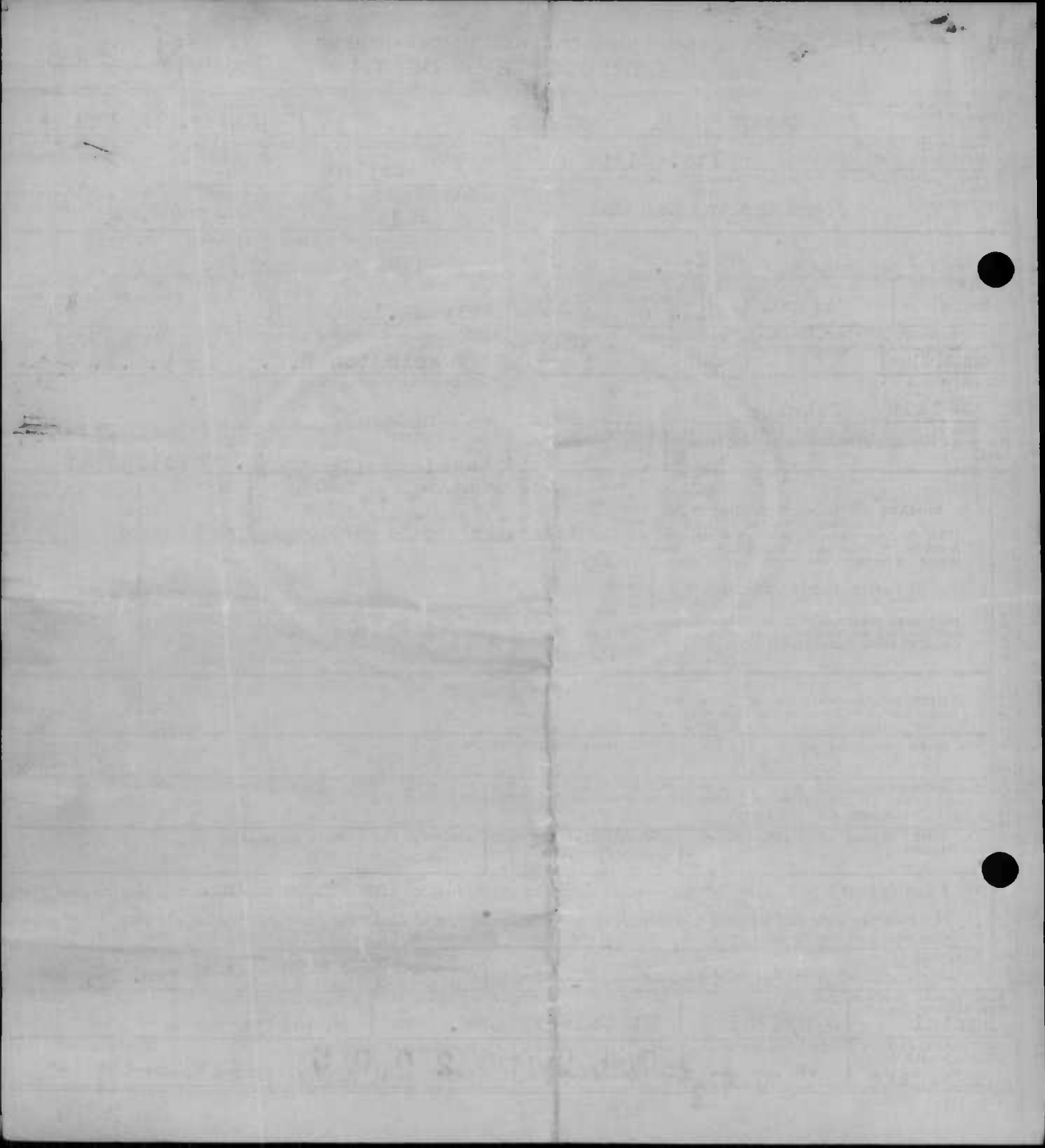
ADDRESS

William H. Williams, M.D. Chas. P. Wilson 1000 Brantly aveMAR 2 - 1951
VS 151

937 ✓

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 2009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dangerfield

Morris

2. DATE

OF

DEATH Feb. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

00 766 West Mulberry Street

Yrs.
Mos.
Days

Length of stay in Baltimore 25 Yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male Col. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Towson Grill

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215.05.6787A Emma White 1424 Mosher Street

17. INFORMANT

ADDRESS

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute congestive failure

6-8 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular undet. renal disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June, 1948, to Feb 26, 1951, that I last saw the deceased alive on Feb 26, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/3/1951

Mt Galvery Cem.

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2-1951

H. Garland Phillips

902 W. Franklin 3-1-51

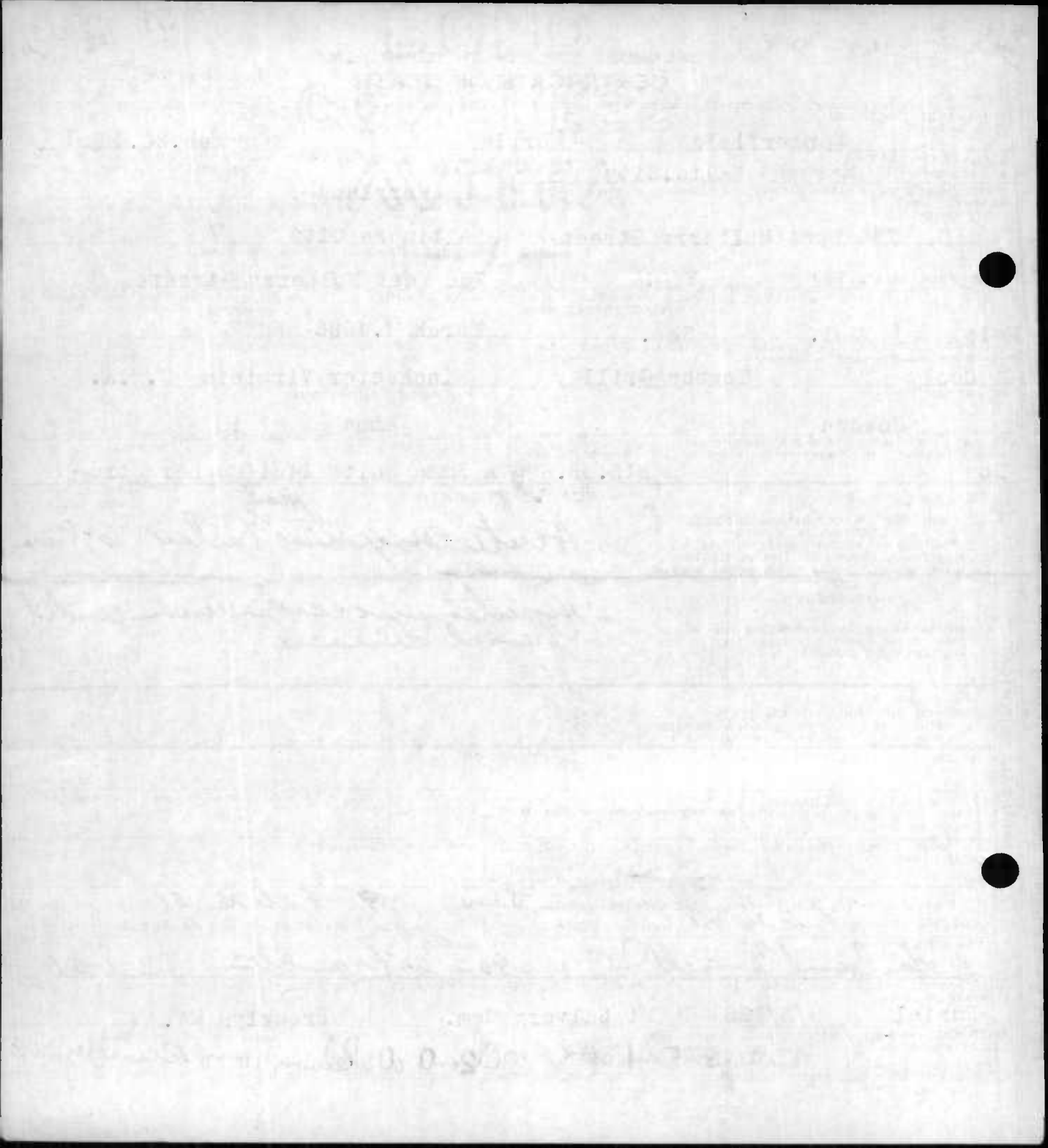
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MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and



260 51 2010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2010
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Betty Peaker

2. DATE

OF
DEATH Feb. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

00 325 North Schroder Street

Length of stay in Baltimore 35 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

St

Robert Lee Purnell 325 N. Schroder

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to Feb 28, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/5/1951

Mt calvery Cem.

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

Wooten

2500 Colman - 1000 Broadway

VS 150

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CONFIDENTIAL

SECRET

1. The purpose of this document is to provide information regarding the activities of the [redacted] organization.

2. The information contained herein is classified as [redacted] and is to be controlled in accordance with the [redacted] policy.

3. This document is to be distributed to [redacted] personnel only and is not to be released to the public.

4. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

5. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

6. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

7. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

8. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

9. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

10. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

11. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

12. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

13. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

14. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

15. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

16. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

17. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

18. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

19. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

20. The information contained herein is to be used for [redacted] purposes only and is not to be used for [redacted] purposes.

51. 2011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mazie Etha Middleton</u>		2. DATE OF DEATH <u>2/27-57</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1726 West Lanvale Street</u> Yrs. _____ Mos. _____ Days _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore City</u> <u>16-03</u> D. STREET ADDRESS (If rural, give location) <u>1726 West Lanvale Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Sen.</u>	8. DATE OF BIRTH <u>Feb. 27, 1891</u>
9. AGE (In years last birthday) <u>60</u>	10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____	9. AGE (In years last birthday) <u>59</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Middlesex Co. Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Cornelius Wallace</u>		14. MOTHER'S MAIDEN NAME <u>Cordelia Whiting</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Selena Parker</u>		ADDRESS <u>1135 North Eulton Ave</u>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>334X</u> <u>Cerebral Apoplexy</u> <u>Paralytic</u>		CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	
19. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/25-1957</u> , to <u>2/27-1957</u> , that I last saw the deceased alive on <u>2/27-1957</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>B. M. R. H. H.</u>		23B. ADDRESS <u>2134</u>	
23C. DATE SIGNED _____			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/2/1957</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Mt Arburn Cem.</u>		24D. LOCATION (City, town; or county) (State) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 2-1957</u>		REGISTRAR'S SIGNATURE <u>Elmer G. Wilson</u>	
FUNERAL DIRECTOR <u>1000 Buntley Ave</u>		ADDRESS _____	

correct age is especially important. Physicians: please

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CERTIFICATE OF DEATH

STATE OF TEXAS

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42-2 51 2012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2012

Registered No.

BIRTH NO. 50-19210

1. NAME OF DECEASED
(Type or Print)

GERALDINE Wilkes

2. DATE
OF
DEATH

Feb. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

100 S. Bond St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

100 S. Bond St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 9, 1950

9. AGE (In years
last birthday)

5 19

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wilkes

14. MOTHER'S MAIDEN NAME

Clara Gardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clara Gardner 100 S. Bond St

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Feb. 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/2/1951

Mt Calvary Cem.

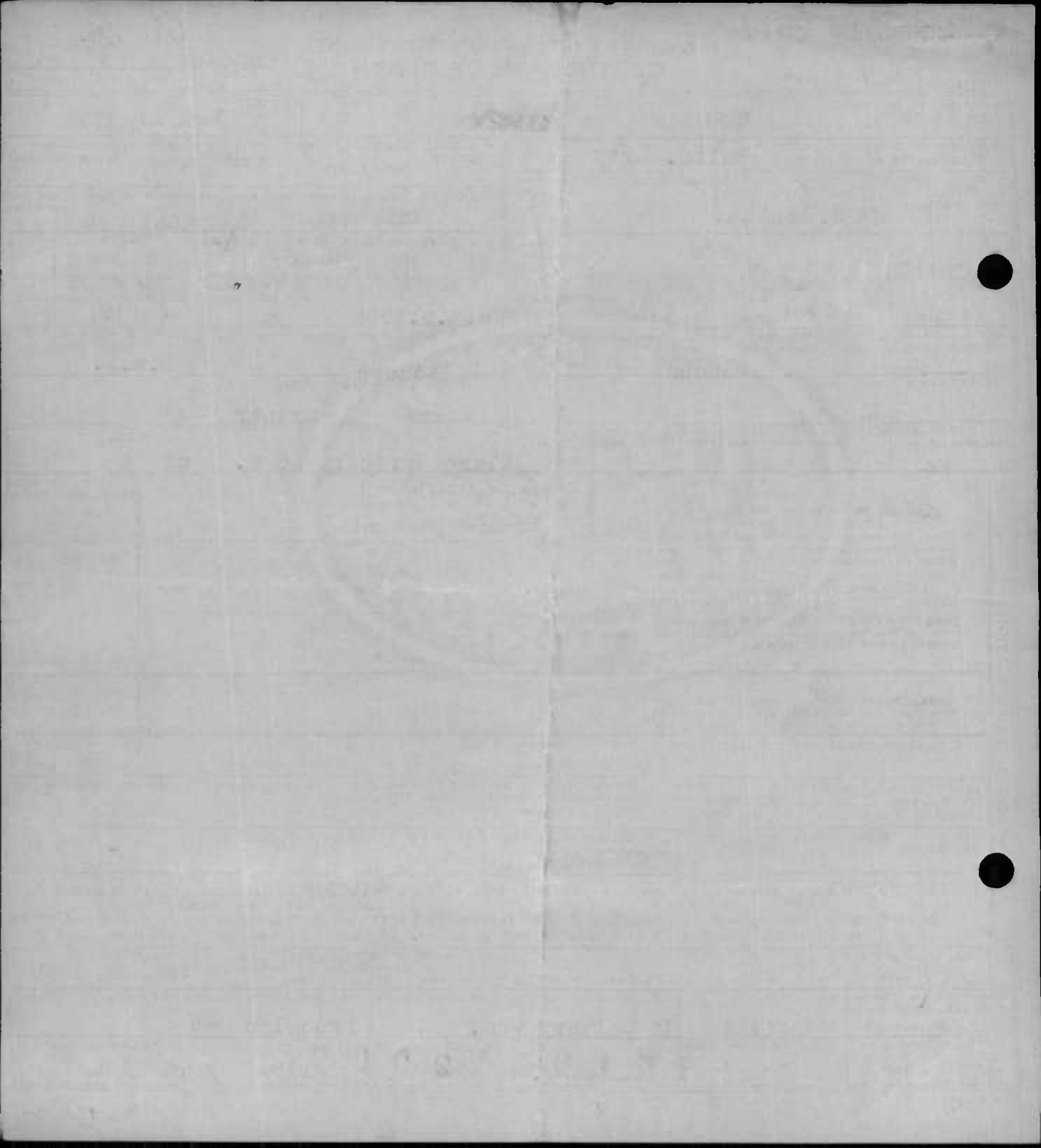
Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR
MAR 2-1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51. 2013

51. 2013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>John M. Kee</i>		2. DATE OF DEATH <i>February 27, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JONES HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>33</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-02</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1126 Zuni St. Low St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6-7-93</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>In General</i>	9. AGE (In years last birthday) <i>57</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Albert M. Kee</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	14. MOTHER'S MAIDEN NAME <i>Mary M. Kee</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>JONES HOPKINS HOSPITAL</i>	

18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Post Operative Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 min.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Esophagus</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>II</i>		
19A. DATE OF OPERATION <i>2/24/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Esophagus</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? <i>In Baltimore City, give exact location</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <i>2-15-1951</i> to <i>2-27-1951</i> , that I last saw the deceased alive on <i>2-27-1951</i> , and that death occurred at <i>4:45 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>William H. Hensley</i>	23B. ADDRESS <i>JONES HOPKINS HOSPITAL</i>	23C. DATE SIGNED _____
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/6/1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	25. FUNERAL DIRECTOR ADDRESS <i>Elmer W. Wilcox 1000 Brantley Ave</i>	

VS 150

97099

46a

correct age is especially important. Physicians: please write the causes of death clearly and

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

51 2014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2014

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID THORNE

2. DATE
OF
DEATH

2-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ Hosp.

C. Length of stay in Baltimore

12 Yrs

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE (MARRIED,
WIDOWED, DIVORCED (Specify))

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Contractors

13. FATHER'S NAME

Joe Thorne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-18-9574

8. DATE OF BIRTH

June 20, 1911

9. AGE (In years
last birthday)

39

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Halifax N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Bettie Burk

17. INFORMANT

ADDRESS

Maggie Thorne 630 W. Lee St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1951, to 2-27, 1951, that I last saw the
deceased alive on 2-27, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Huffer M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

2-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/3/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Baltimore, Md

25. FUNERAL DIRECTOR

Edw. A. Wilson 1000 Bunker MP

ADDRESS

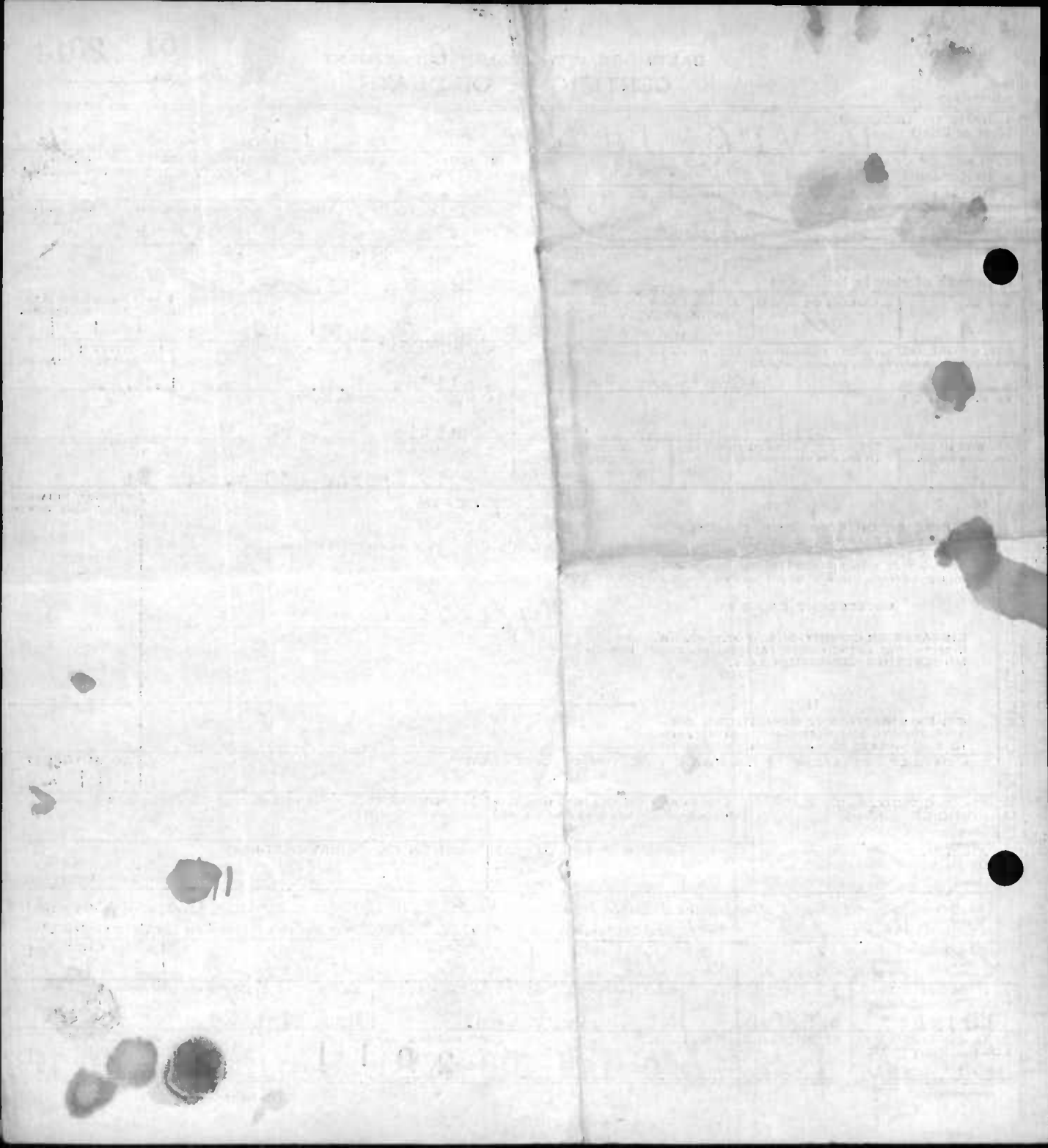
VS 150

97024

83a

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



51. 2015

ARROGAST BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 2015

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob Arbogast

2. DATE
OF
DEATH

February 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1800 Balton St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Arbogast

14. MOTHER'S MAIDEN NAME

Eva Wendling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic lymphatic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

leukemia

DUE TO

(C)

1 yr ±

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27, 1951, to 2-27, 1951, that I last saw the
deceased alive on 2-27, 1951, and that death occurred at 11 p.m., from the causes and on the date stated above.

23. SIGNATURE

Thomas J. Walsh

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2-1951

VS 150

John D. Mitchell 1900 Eutaw Pl.

74a

correct age is especially important. Physicians: please write the cause of death clearly and briefly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

Signature of Registrar

Signature of Medical Officer

Signature of Coroner

Signature of Registrar

Signature of Medical Officer

Signature of Coroner

626 2016

BURQUIERES

BALTIMORE CITY HEALTH DEPARTMENT

51 2016

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caneline, Burquienes

2. DATE
OF
DEATH

March 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

La.

B. COUNTY

V-16

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

23

C. Length of stay in Baltimore

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

New Orleans

D. STREET ADDRESS (If rural, give location)

7009 Jeanette St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

9-2-05

9. AGE (In years last birthday)

45

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

P

11. BIRTHPLACE (State or foreign country)

Miss

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hudson G. Wolfe

14. MOTHER'S MAIDEN NAME

Sophie Rodgers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or on known) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 500.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Lymphosarcoma

4 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1950, to 3-1, 1951, that I last saw the deceased alive on 3-1, 1951, and that death occurred at 8:47 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles M. Fin

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/2/51

24C. NAME OF CEMETERY OR CREMATORY

Metairie Cem.

24D. LOCATION (City, town, or county)

New Orleans, La.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

1000 1st St. N. N. 1000 1st St. N. N.

1217 St Paul St

DEATH CERTIFICATE

STATE OF NEW YORK

1900

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2631 2017

51 2017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD MC CARTY

2. DATE
OF
DEATH

3/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY Hosp.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give
township)

4-02

D. STREET ADDRESS (If rural, give location)

664 W. FAYETTE ST

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Oct 12 1937

9. AGE (In years
last birthday)

13

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SCHOOL BOY

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

KENTUCKY

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CARL MC CARTY

14. MOTHER'S MAIDEN NAME

ETA

BRANTLEY

✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

18.

401.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

INTRAVENTRICULAR HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ruptured Mycotic Aneurysm
(SUBACUTE BACT. ENDO SARIDITIS)

DUE TO

(C)

RHEUMATIC HEART DISEASE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2/19, 1951, to 3/1, 1951, that I last saw the
deceased alive on 3/1, 1951, and that death occurred at 8:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John F. Mahan

M. O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

Wm. C. Williams

Wm. C. Williams

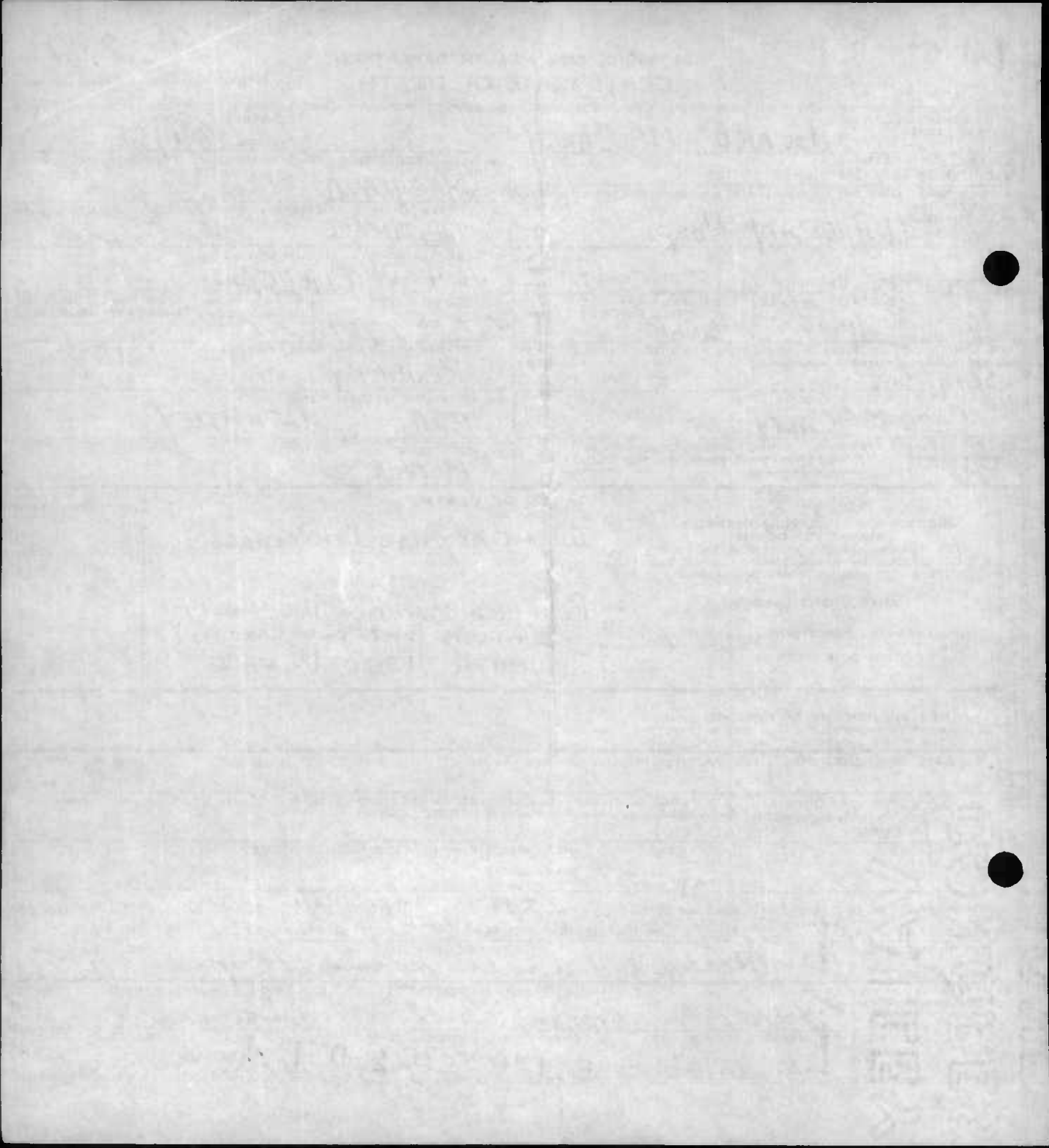
1217 St. Paul St

VS 150

95B

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death clearly and in full.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

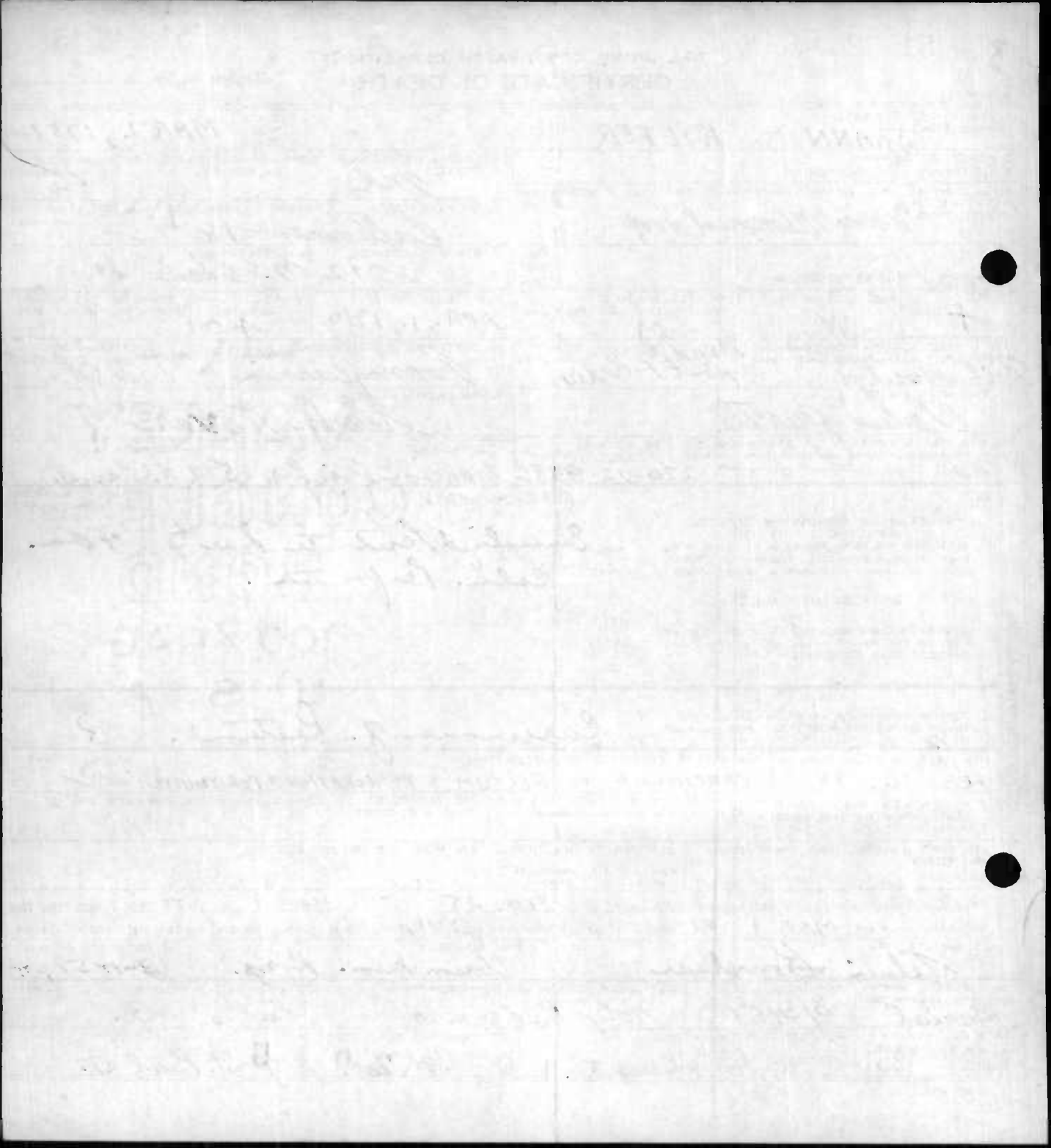
1. NAME OF DECEASED (Type or Print) JOANN R. KIEFER			2. DATE OF DEATH MAR 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) Union Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore - 18		
D. STREET ADDRESS (If rural, give location) 2512 N. Charles St.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH APR. 1, 1910	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Worker			10B. KIND OF BUSINESS OR INDUSTRY HSWEX Radio		
11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Gantle			14. MOTHER'S MARRIAGE NAME Susan Kovar		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 220-22-9986		17. INFORMANT ADDRESS Francis E. Kiefer 2512 N. Charles St.	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Peritonitis due to Colm. Perforation.		INTERVAL BETWEEN ONSET AND DEATH 4 da.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Rectum.		

19A. DATE OF OPERATION FEB. 26, 1951		19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF RECTUM & PERFORATION & PERITONITIS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from **FEB. 25**, 1951, to **MAR 1**, 1951, that I last saw the deceased alive on **MAR 1**, 1951, and that death occurred at **2:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Alvin Bongelaar		23B. ADDRESS Union Mem. Hosp.		23C. DATE SIGNED 3-1-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/3/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemers	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2-1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR ADDRESS St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2019**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Eph) Alfred Stokes.

2. DATE OF DEATH

February 27, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1526 W. Fairmount Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write I.U.R.A. and give township)

D. STREET ADDRESS (If rural, give location)

1526 W. Fairmount Ave.

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

January 2, 1892

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labourer.

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Rhelham, N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alfred Stokes, Sr.

14. MOTHER'S MAIDEN NAME

Belle Blaz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes World War I.

16. SOCIAL SECURITY NO.

17. INFORMANT

Bud Stokes, 1215 W. Saratoga St.

ADDRESS

18. 421.11

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) acute Insufficiency + 1849
DUE TO Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Sclerosis
DUE TO Chronic Heart Failure 6 months
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-17, 1944 to 2-27, 1951, that I last saw the deceased alive on 2-27, 1951 and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James E. Hearn

23B. ADDRESS

2224 Woodside Ave

23C. DATE SIGNED

3-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

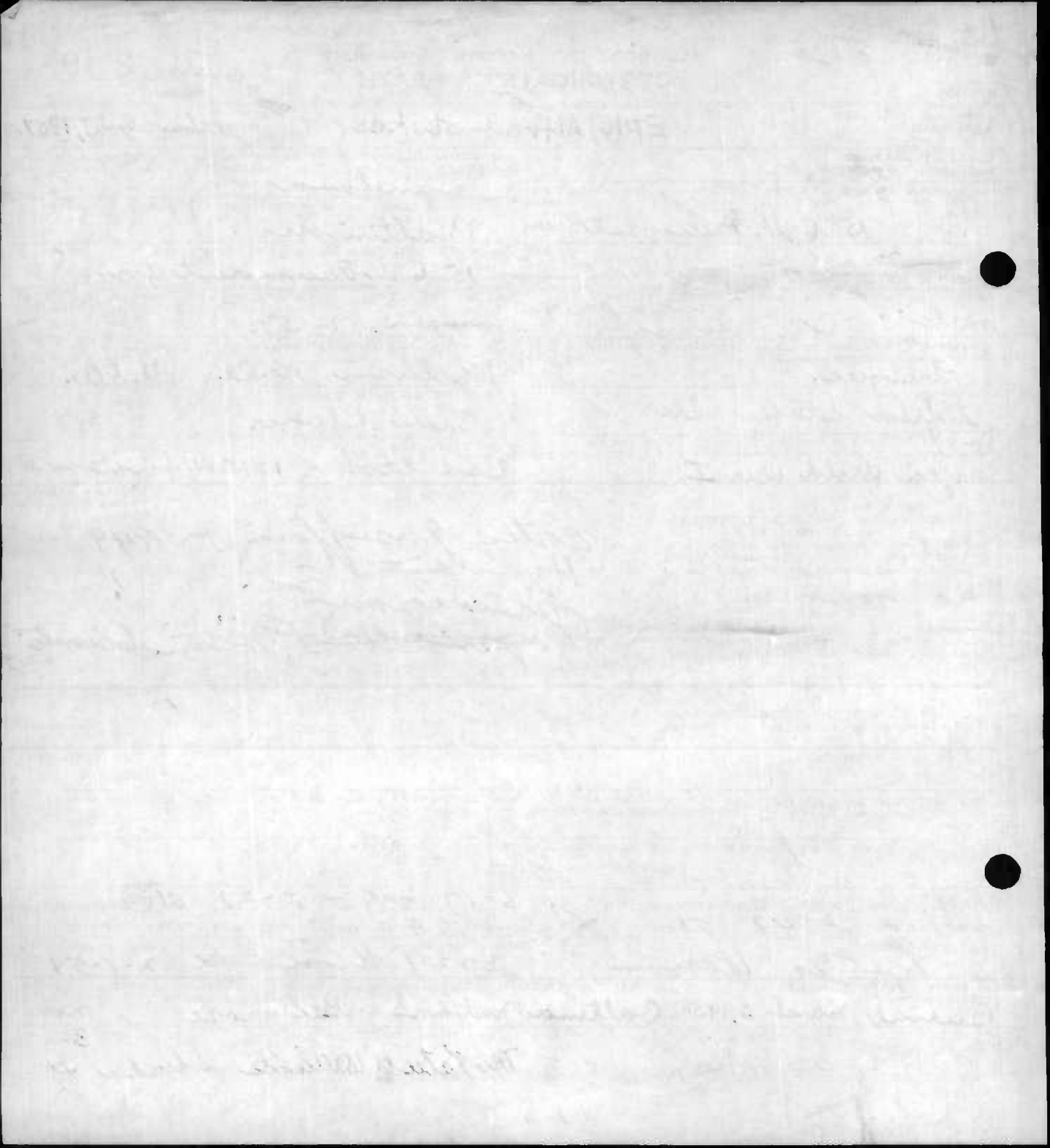
25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

Wilmington Williams, Jr.

Mr. Katie Williams Schwenk St.



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD PARKER

2. DATE
OF
DEATH

February 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

544 W. Cross Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 1919

9. AGE (In years last birthday)

23

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Satoru

10B. KIND OF BUSINESS OR INDUSTRY

junk shop

11. BIRTHPLACE (City, State, Country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

William Parker

14. MOTHER'S MAIDEN NAME

Mammie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-16-1251

17. INFORMANT

ADDRESS

Sena Clark 137 W Hamburg St

18. E982 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pericarditis

DUE TO stab wound of pulmonary artery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

bridge

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Hamburg Street Bridge

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

February 17, 1951 12 midnight

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 3-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cemetery

24D. LOCATION (City, town, or county) (State)

A A Co Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

1515 Mc Elder

MAR 2 - 1951

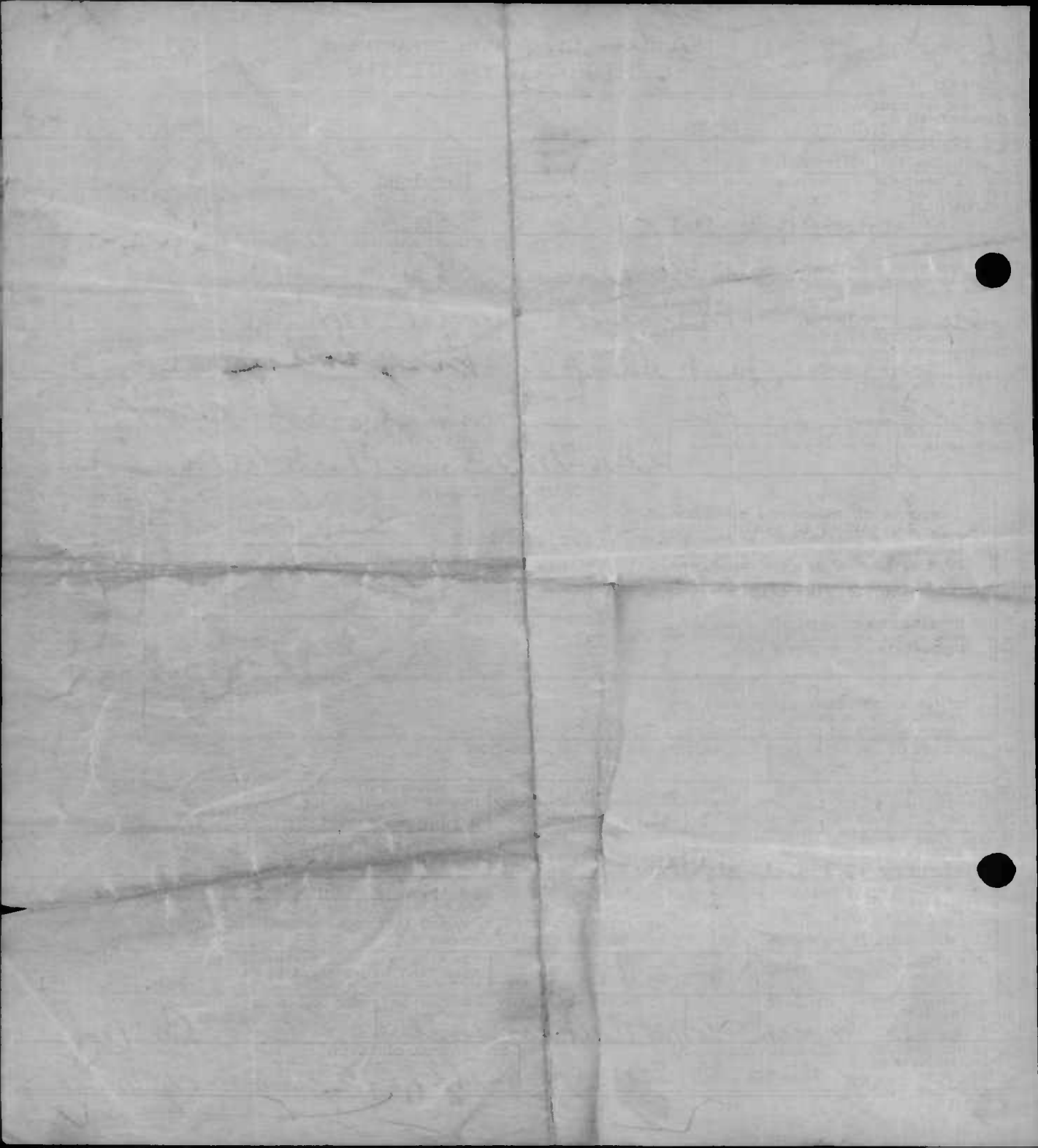
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N-861.2

97068

167

MEDICAL CERTIFICATION



436

51 2021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2021

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE WILLIAM WALTER

2. DATE
OF
DEATH Feb. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 918 N. Collington Ave.,

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

918 N. Collington Ave.,

Length of stay in Baltimore Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Motion Picture Operator Moving picture

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Llewelyn Walter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Jan. 11, 1895

9. AGE (in years last birthday)

56

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Virginia Dawson

17. INFORMANT

ADDRESS

Mrs. Virginia Walter 918 N. Collington

18. 153 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Ca of the Lower Right
Lung + Ca of the
Signed J. H. Cohn

9 mo.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 21, 1950, to Feb 28, 1951, that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

Gillrich Funeral Home 2008 Orleans St.,

THE UNIVERSITY OF CHICAGO
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES
100 EAST 57TH STREET
CHICAGO, ILL. 60637
U.S.A.
1960
S. 0. 0.

654 51 2022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2022

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE E. PURNELL

2. DATE
OF
DEATH

3/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1829 COVINGTON ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1829 COVINGTON ST

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/14/1884

9. AGE (In years,
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HENRY FRANK

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. GORDON H. PURNELL 1829 COVINGTON ST

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocardial Degeneration

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

2 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1951, to 3-1, 1951, that I last saw the
deceased alive on 3-1, 1951, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

3/5/51

CEDAR HILL

RITCHIE HIGHWAY

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2-1951

Huntington Village, Inc.

W. H. DENNY, INC 715 LIGHT ST - 30

In Aaron C Solled ✓

7078 Fort Ave

PL 7215

9-11

346 51 2023

51 2023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN B. SATTLER

2. DATE
OF
DEATH

Feb. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3237 Normount Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3237 Normount Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6/16/1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grain Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

Agriculture (U.S. Govt)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Marie Bowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel C. Sattler - 3237 Normount Av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchogenic Carcinoma

DUE TO

1 yr 3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

February 1950

19B. MAJOR FINDINGS OF OPERATION

Bronchogenic Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 17, 1950, to February 27, 1951, that I last saw the deceased alive on 2/27, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Leon Ashman

M. D.

23B. ADDRESS

1201 Poplar Ave St

23C. DATE SIGNED

3/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 2 - 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature] & Sons - Balto.

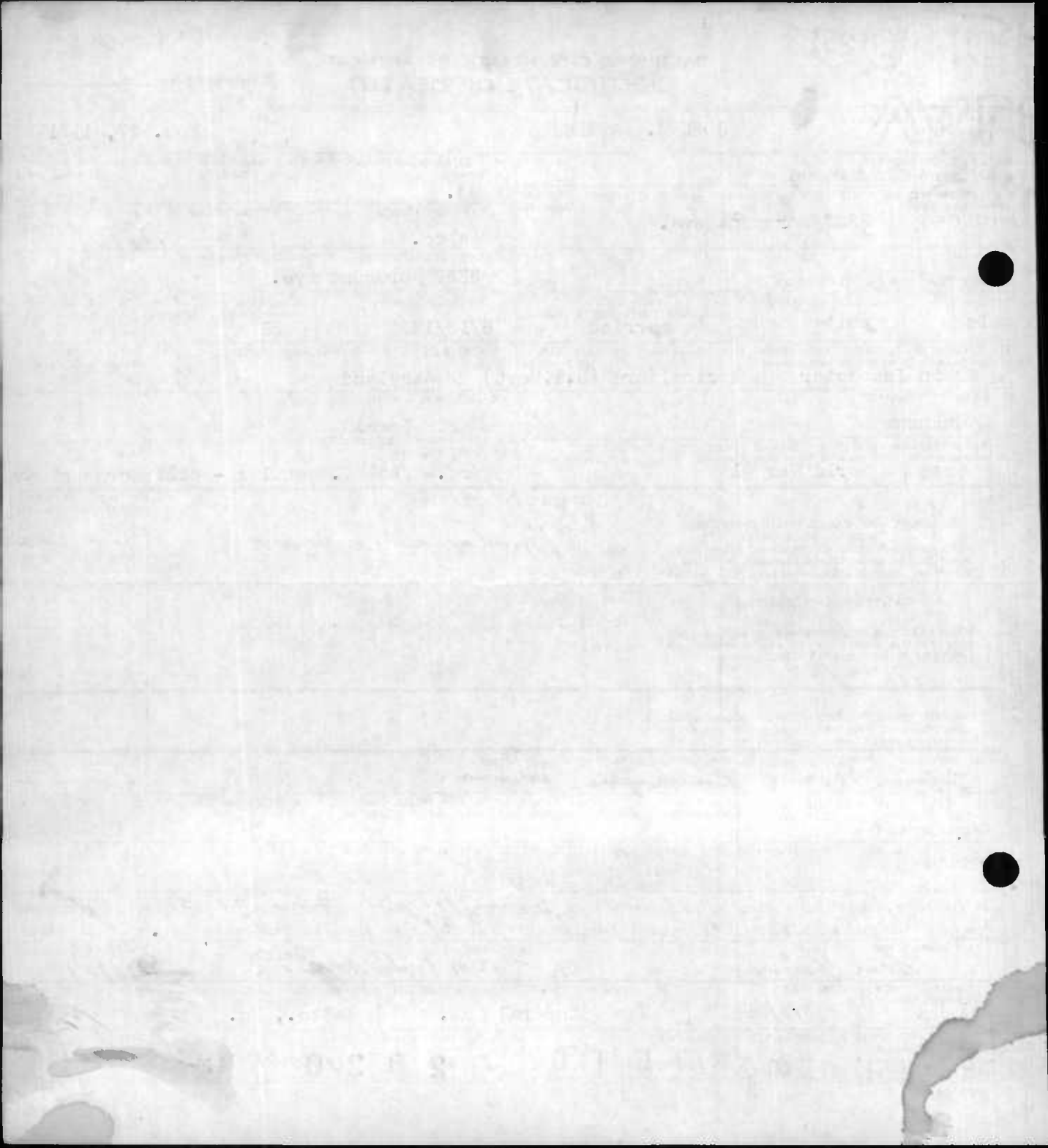
ADDRESS

VS 150

210 91

47c

MEDICAL CERTIFICATION



552
51 2024BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2024

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA W. BANNING

2. DATE OF DEATH
Feb. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION3025 Windsor Ave.
Windsor Rest Home4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-02D. STREET ADDRESS (If rural, give location)
317 E. 30th St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Aug. 27, 1865

9. AGE (In years last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William L. Blocher

14. MOTHER'S MAIDEN NAME

Emma Duttrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Margaret Blocher - 317 E. 30th St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Cardio Vascular Disease

20 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 5, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

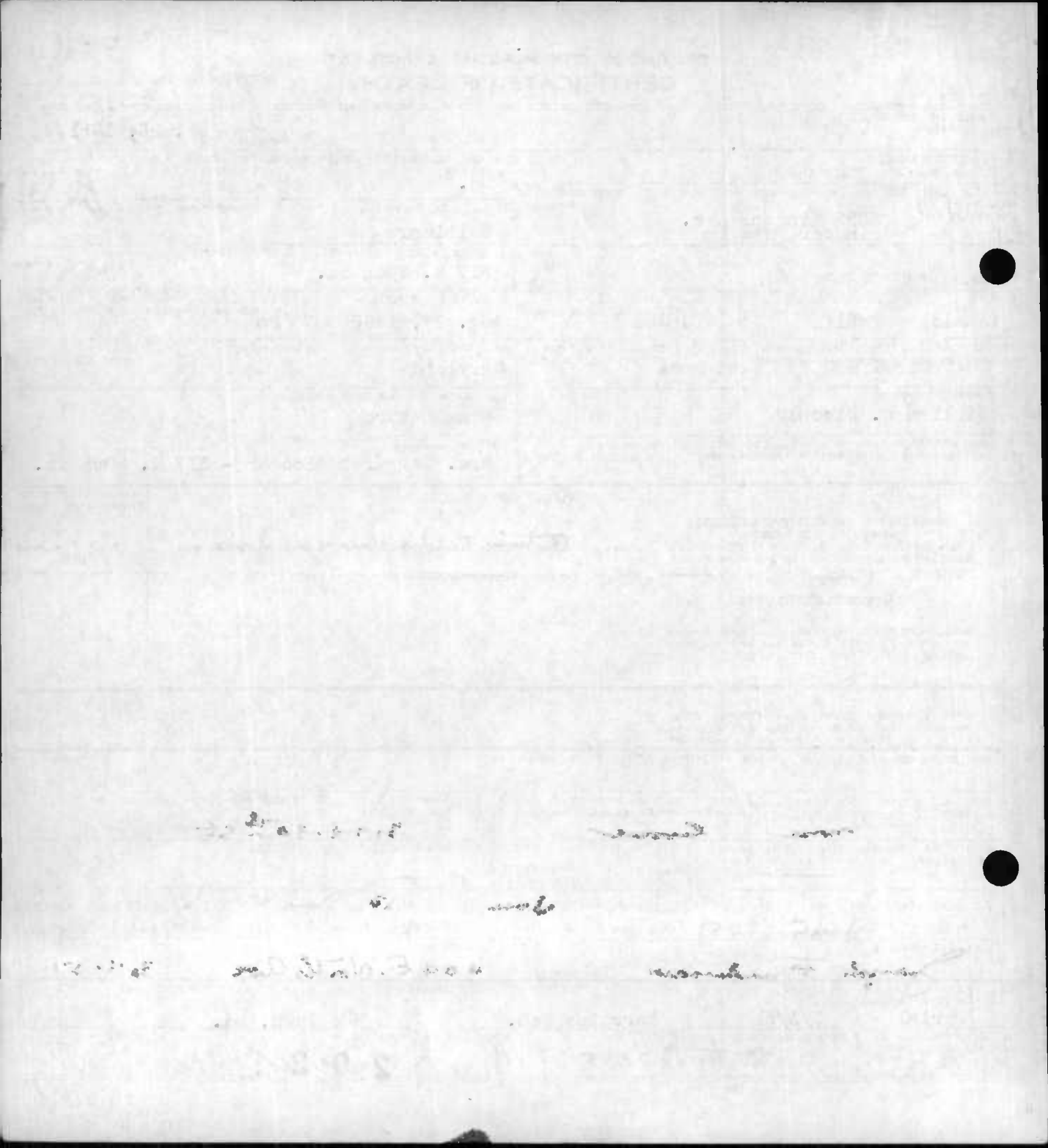
25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

Huntington Williams

Wm J. Lickens Sons - Balto



620
51 2025BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2025

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELLA E. KRAUSS

2. DATE
OF
DEATH

Feb. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 4008 Penhurst Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Balto. 15-10D. STREET ADDRESS (If rural, give location)
4008 Penhurst Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 17, 1878

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Pender

14. MOTHER'S MAIDEN NAME

Ella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Frederick J. Krauss, Jr. 1550 Sherwood Ave

18.

481X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

La Grippe

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

about 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anemia

DUE TO

Chronic Glomerulo-nephritis

(C)

about 2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(D)

Hypertensive Cardio-vascular disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1951, to Feb. 27, 1951, that I last saw the
deceased alive on Feb. 27, 1951, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George Sharf M.D.

M. D.

23B. ADDRESS

5106 Park Heights Ave

23C. DATE SIGNED

2/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

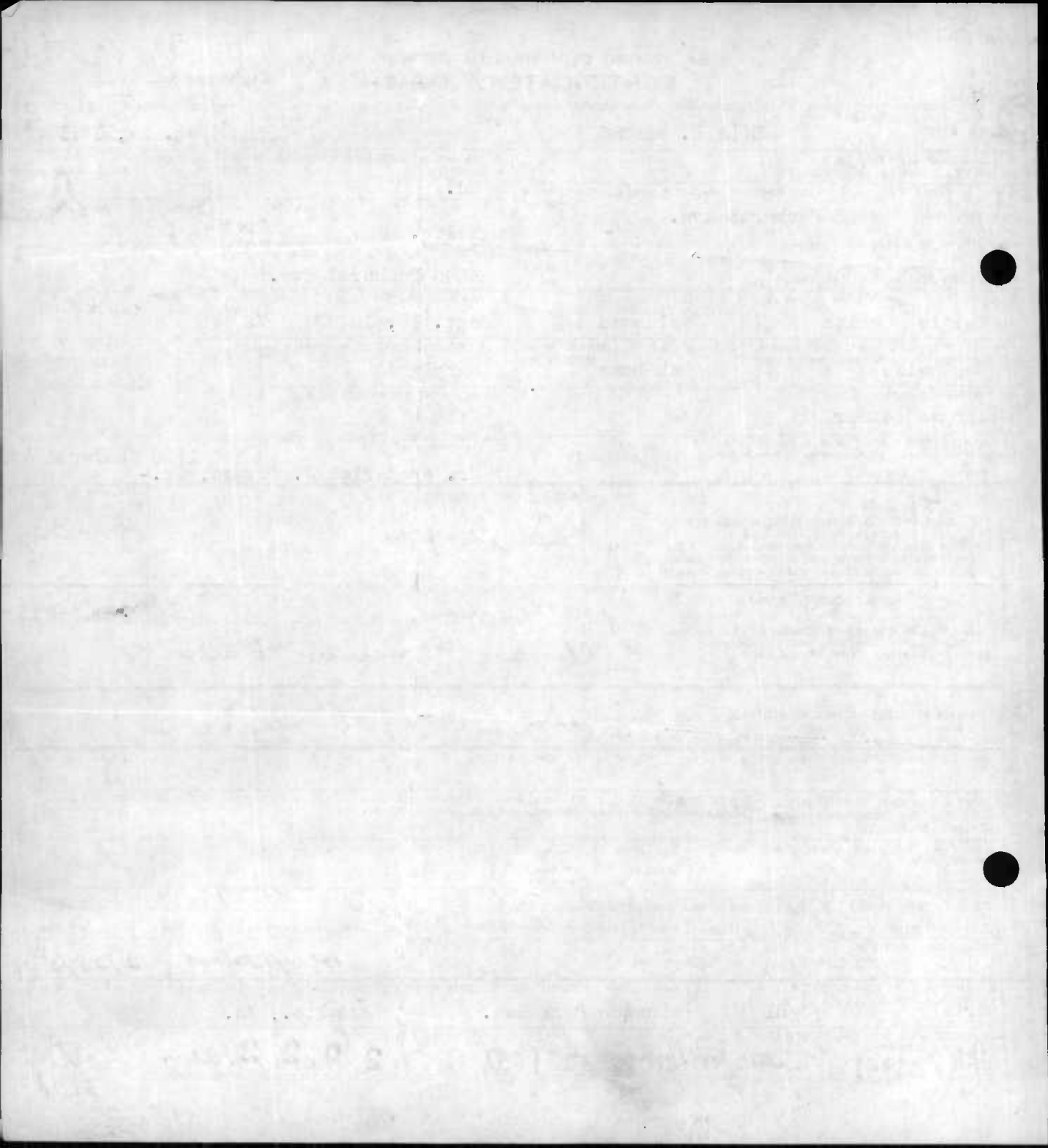
Wilmington Williams

25. FUNERAL DIRECTOR

Wm. J. E. Ender - Balto.

ADDRESS

Md.



163 51 2026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2026

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTINE A. WEYFORTH

2. DATE
OF
DEATH Mar. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
Md.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3407 Fairview Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

3407 Fairview Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 16, 1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Zeul

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy L. Martin - 2337 Linden Ave.

18.

490X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1940 to 3/1, 1951 that I last saw the
deceased alive on 3/1, 1951 and that death occurred at m. from the causes and on the date stated above.

23A. SIGNATURE

Maurice Charles Kelly

M. D.

23B. ADDRESS

2225 Linden Ave.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

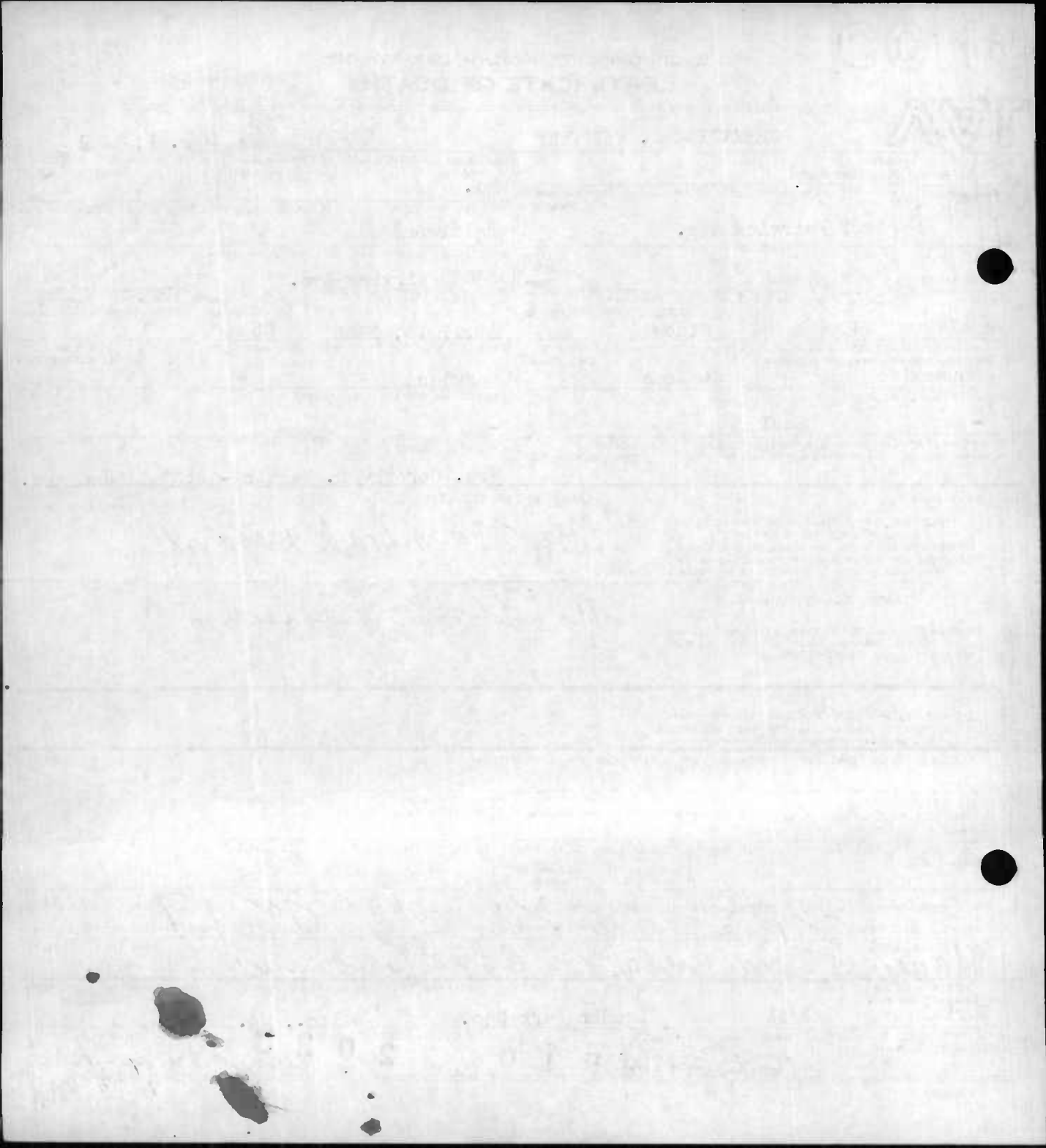
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

108 Md.



420
51 2027BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EZRA HARFORD BLOCK

2. DATE
OF
DEATH

2/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. JOSEPH'S HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

D. STREET ADDRESS (If rural, give location)

510 Chapelgate Lane #24

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

January 2, 1890

9. AGE (In years
last birthday)

61

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR
INDUSTRY

American Oil Co.

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mitchel Block

14. MOTHER'S MAIDEN NAME

Mary Anna Harford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

212-07-4087

17. INFORMANT

Mrs. Lou R. Harvey

ADDRESS

Wilmington, Del.

806 W. 25th St.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis
arteriosclerotic heart
disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/51, 19 to 2/28/51, that I last saw the
deceased alive on 2/28/51, and that death occurred at 9:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Maddens Siwinski

M. D.

23B. ADDRESS

St. Joseph's Hosp.

23C. DATE SIGNED

2/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

24D. LOCATION (City, town, or county)

Arlington, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington, Delaware

25. FUNERAL DIRECTOR

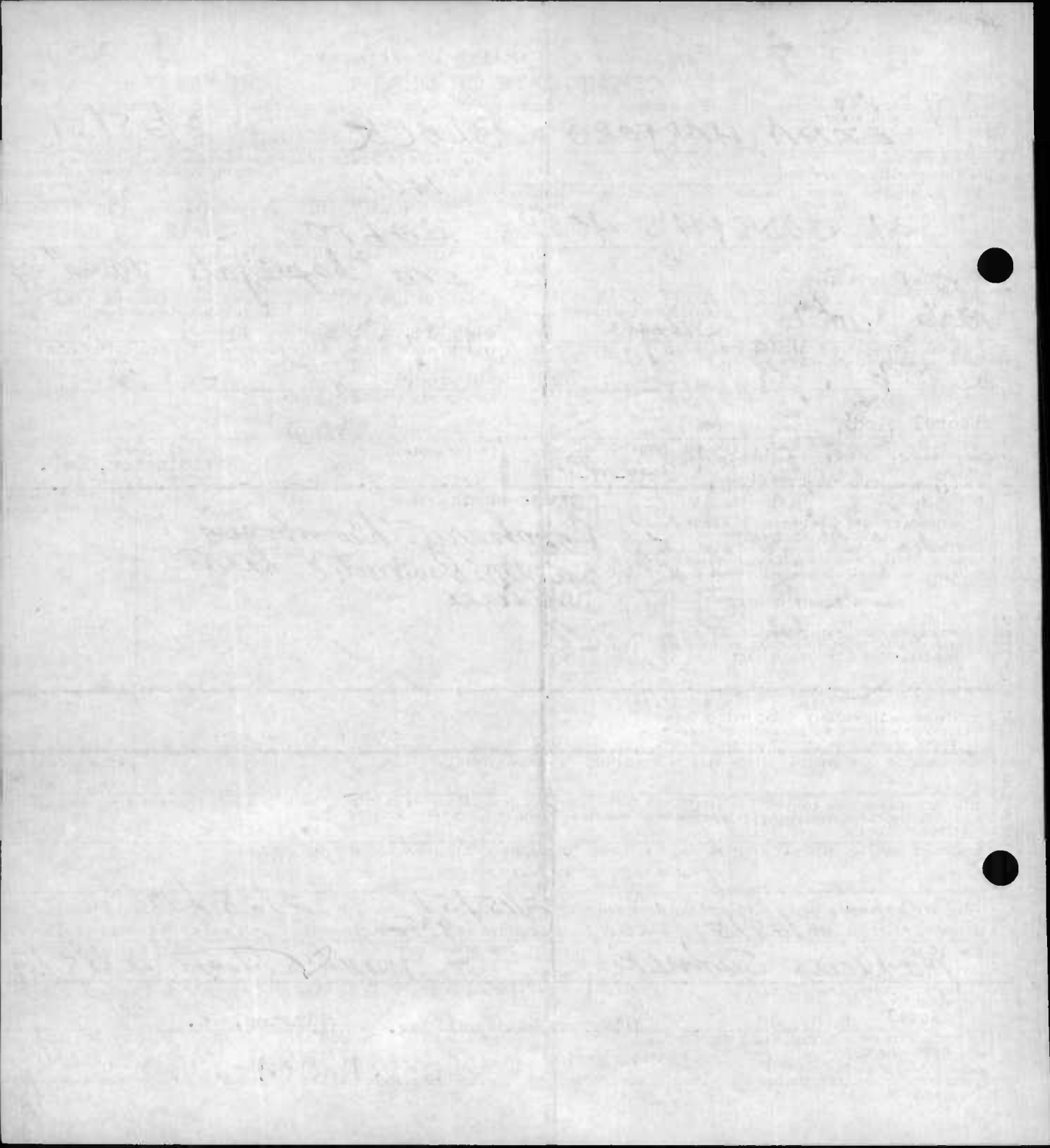
ADDRESS

Wm. J. Dickerson & Sons, Balto.

VS 150

000 6K

937 md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH STEM HITESHEW		2. DATE OF DEATH March 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-09	
D. STREET ADDRESS (If rural, give location) 4610 Marble Hall Road		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1900	9. AGE (In years last birthday) 50 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10B. KIND OF BUSINESS OR INDUSTRY R. R.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Oliver M. Hiteshew		14. MOTHER'S MAIDEN NAME Maude Segaroose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Joseph S. Hiteshew - 4610 Marble Hall Rd.		ADDRESS	

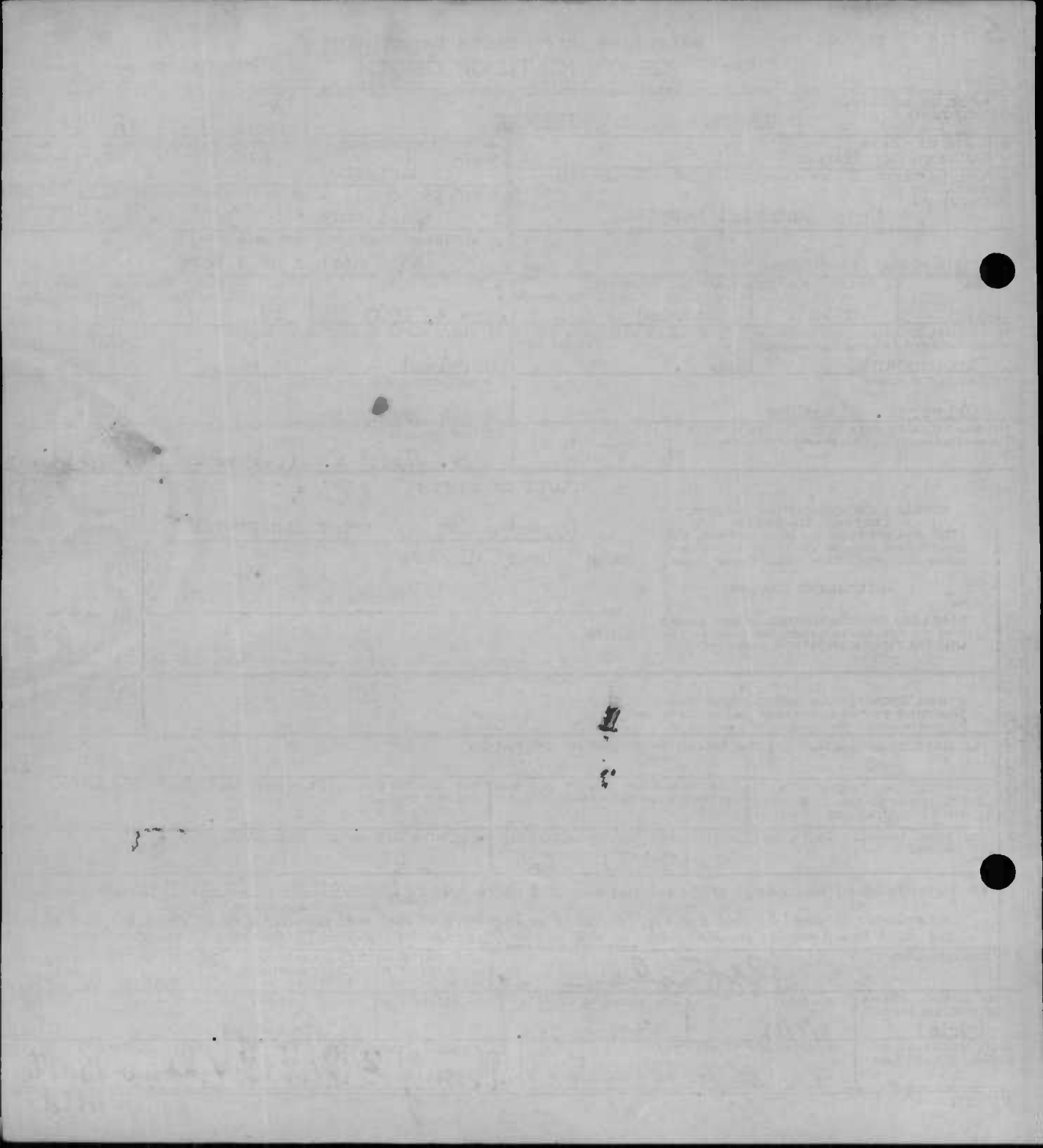
MEDICAL CERTIFICATION

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive and arteriosclerotic heart disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>R. S. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED March 1, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/5/51	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	25. FUNERAL DIRECTOR <i>Wm. J. Dickner & Sons - Balt</i>	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 1951		

VS 151

000 50

937 mtd



51 2029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2029
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES JAMES TRUEMAN

2. DATE
OF
DEATH

Feb. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1839 N. Regester Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 3, 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

own business

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Trueman

14. MOTHER'S MAIDEN NAME

Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-18-8320

17. INFORMANT 1839 N. Regester Street
Mrs. Mary E. Trueman

18.

470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

Arterio Sclerotic Heart Disease

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

Arterio Sclerosis - Cerebral

3 yrs

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1951, to Feb 28, 1951, that I last saw the
deceased alive on Feb 27, 1951, and that death occurred at 8:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Hall M.D.

M. D.

23B. ADDRESS

218 North Ave.

23C. DATE SIGNED

Feb 28 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/2/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

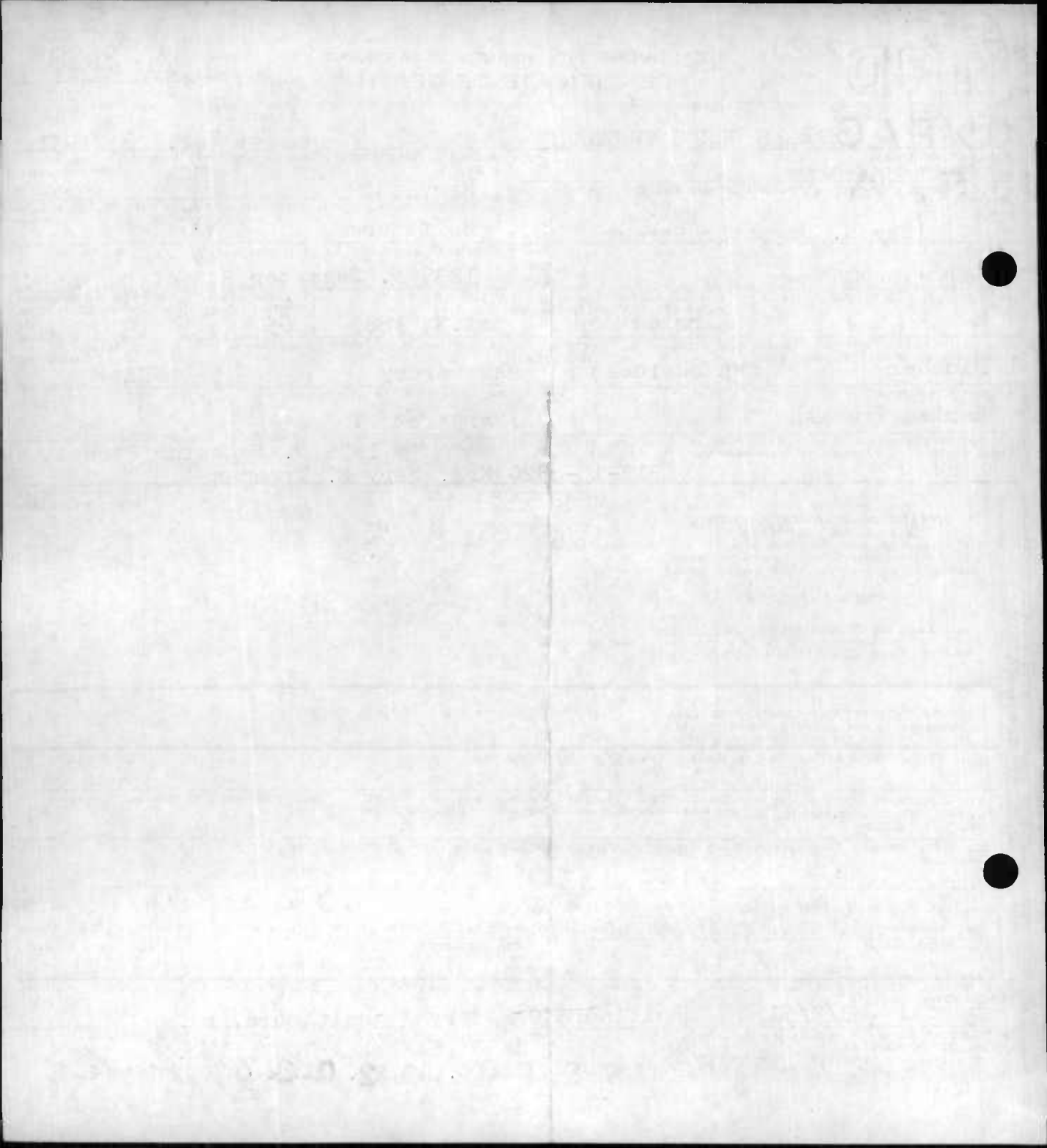
ADDRESS

BALTO., 13, MD.

VS 150

574 24

937



51 2030

7015

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2031

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN WILLIAM FRUSH, Jr.

2. DATE
OF
DEATH

February 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Parkville

D. STREET ADDRESS (If rural, give location)

2309 Ellen Avenue

Length of stay in Baltimore

12 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 11 - 1901

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

House Painter

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Frush, Sr.

14. MOTHER'S MAIDEN NAME

Lula B. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

196-18-3937

17. INFORMANT

ADDRESS

B. Frank Frush, Hampstead Md

18. E901.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of pelvis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Laceration of liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

244 W. Lanvale Street

11/4

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 28, 1951 3:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fell to ground from scaffold

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 4/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Brook

24D. LOCATION (City, town, or county) (State)

Carroll Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Edw C Tipton, Hampstead Md

MAR 2 - 1951

VS 151

N-808.2

56424

186a

MEDICAL CERTIFICATION

Correct age is especially important in determining cause of death

Jan 11-1961

Mar 1961

Mar 1961

1961-1962
B. B. Smith
B. B. Smith
B. B. Smith

B. B. Smith

1961

Mar 1961
B. B. Smith
B. B. Smith

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 2032

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SAMUEL P. SAPP

2. DATE
OF
DEATH

3-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balti Co.

D. STREET ADDRESS (If rural, give location)

29. S. RANDOLPH RD #28

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CRANE OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

STEEL IND.

13. FATHER'S NAME

SAMUEL SAPP

8. DATE OF BIRTH

4/2/09

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

DELAWARE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

VIRDI COLLINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Fannie E. Sapp, Randolph Rd.

18. **162X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **METASTATIC CA RT. FRONTAL
LOBE OF BRAIN**

6 MO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **BRONCHIOGENIC CA RT UPPER
LOBE OF LUNG**

8 MO.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/19/51

19B. MAJOR FINDINGS OF OPERATION

METASTATIC CA OF RT. FRONTAL LOBE, BRAIN

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/11** **1951**, to **3/2** **1951**, that I last saw the
deceased alive on **3/2** **1951**, and that death occurred at **9:50** **am.**, from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Herald

M. D.

23B. ADDRESS

Maryland General Hosp

23C. DATE SIGNED

3/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 2 - 1951

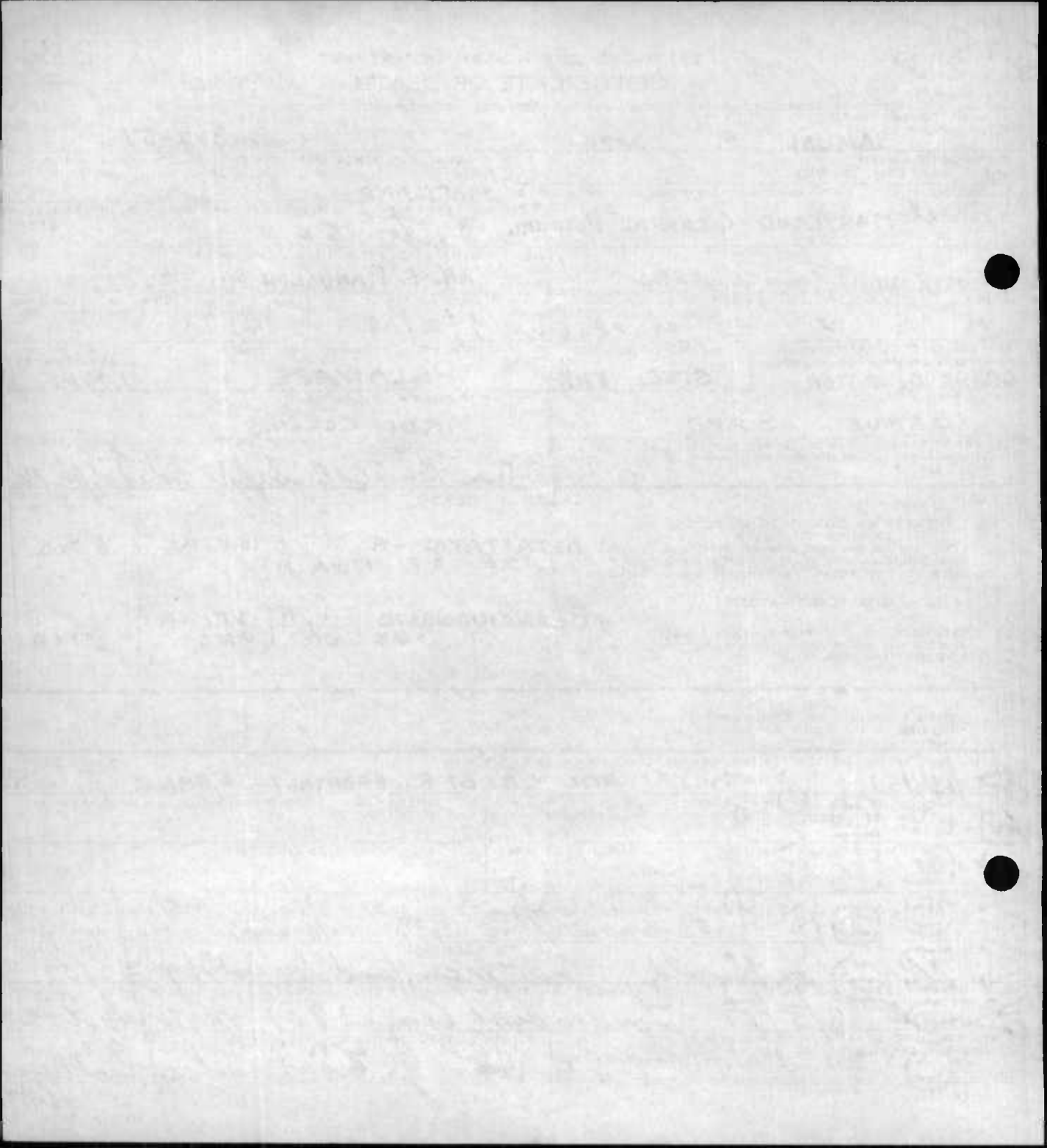
William J. Williams

25. FUNERAL DIRECTOR

John J. Lowin & Son

ADDRESS

St.



656
51 2033BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2033

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BESSIE NAOMI ZERNER		2. DATE OF DEATH Feb 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 8-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2504 E. Biddle St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 13, 1905
9. AGE (In years last birthday) 45		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Foster		14. MOTHER'S MAIDEN NAME Agnes Kenny	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 331X I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Broncho pneumonia, bilateral	2 wks.
ANTECEDENT CAUSES		(B) Right sided cerebral hemorrhage	38 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 21, 1951**, to **Feb 28, 1951** that I last saw the deceased alive on **Feb 28, 1951** and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Alfred S. Nelson	23B. ADDRESS Union Memorial Hospital Baltimore 18 Maryland	23C. DATE SIGNED Feb 28, 1951
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 3, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Belair Road
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 - 1951	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR Leo S. Burke	ADDRESS 1701 03 N. Patterson Park Ave

VALLEY

COMMERCIAL

INCORPORATED

OF THE

STATE OF

1925

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Informant		12. Date of Entry	

252
51 2035BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2035

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Frederick J. Dickinson	
2. DATE OF DEATH Feb. 28th. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 20 So. Potomac St.	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 20 So. Potomac St.	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. COUNTY	
5. SEX Male	
6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12-25-1879	
9. AGE (In years last birthday) 71	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman	
10B. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.	
11. BIRTHPLACE (State or foreign country) England	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph N. Dickinson	
14. MOTHER'S MAIDEN NAME Anna Unit	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -	
16. SOCIAL SECURITY NO. 214-01-4351	
17. INFORMANT Mrs. Mary A. Dickinson	
ADDRESS 20 S. Potomac St.	
18. 450.0 ? Organic CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior wall Myocardial Infarction (A) ... DUE TO ... ANTECEDENT CAUSES (B) ... DUE TO ... (C) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-1, 1949 to Feb. 28, 1951, that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at 5 P. M., from the causes and on the date stated above.	
23A. SIGNATURE [Signature]	
23B. ADDRESS 2956 E. B. St.	
23C. DATE SIGNED 3-1-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 3-3-1951	
24C. NAME OF CEMETERY OR CREMATORY Oaklawn	
24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2-1951	
REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR John A. Moran	
ADDRESS 3000 E. Baltimore St.	

1942-1943

1942-1943

1942-1943

1942-1943

640
51. 2036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2036

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mr. Michael Frawley

2. DATE
OF
DEATH

3-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto, Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

E. V. A

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

206 N. Linwood Av.

length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

B. DATE OF BIRTH

2-14-71

9. AGE (in years
last birthday)

79

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore, E. V. A

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Frawley

14. MOTHER'S MAIDEN NAME

Mary Ellen Callins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wolf

206 N. Linwood Ave.

18. 191X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Face

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DOE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 1-4, 1951, to 3-1, 1951, that I last saw the
deceased alive on 3-1, 1951, and that death occurred at 12⁰⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H.

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

3-1-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-5-1951

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 2-1951

REGISTRAR'S SIGNATURE

Washington Halligan

25. FUNERAL DIRECTOR

ADDRESS

2000 E. Baltimore St.

6-91-1-C

620
51 2037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2037
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pearl Lewis Dorsey

2. DATE
OF
DEATH

Feb 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1319 Etting St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1319 Etting St

Length of stay in Baltimore

20 years.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Dec 14, 1896

9. AGE (in years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Morgan

11. BIRTHPLACE (State or foreign country)

va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Dorsey 1319 Etting St

18. 442 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Harder Vasculon Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

9

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

1 Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1951, to Feb 26, 1951, that I last saw the deceased alive Feb 28, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

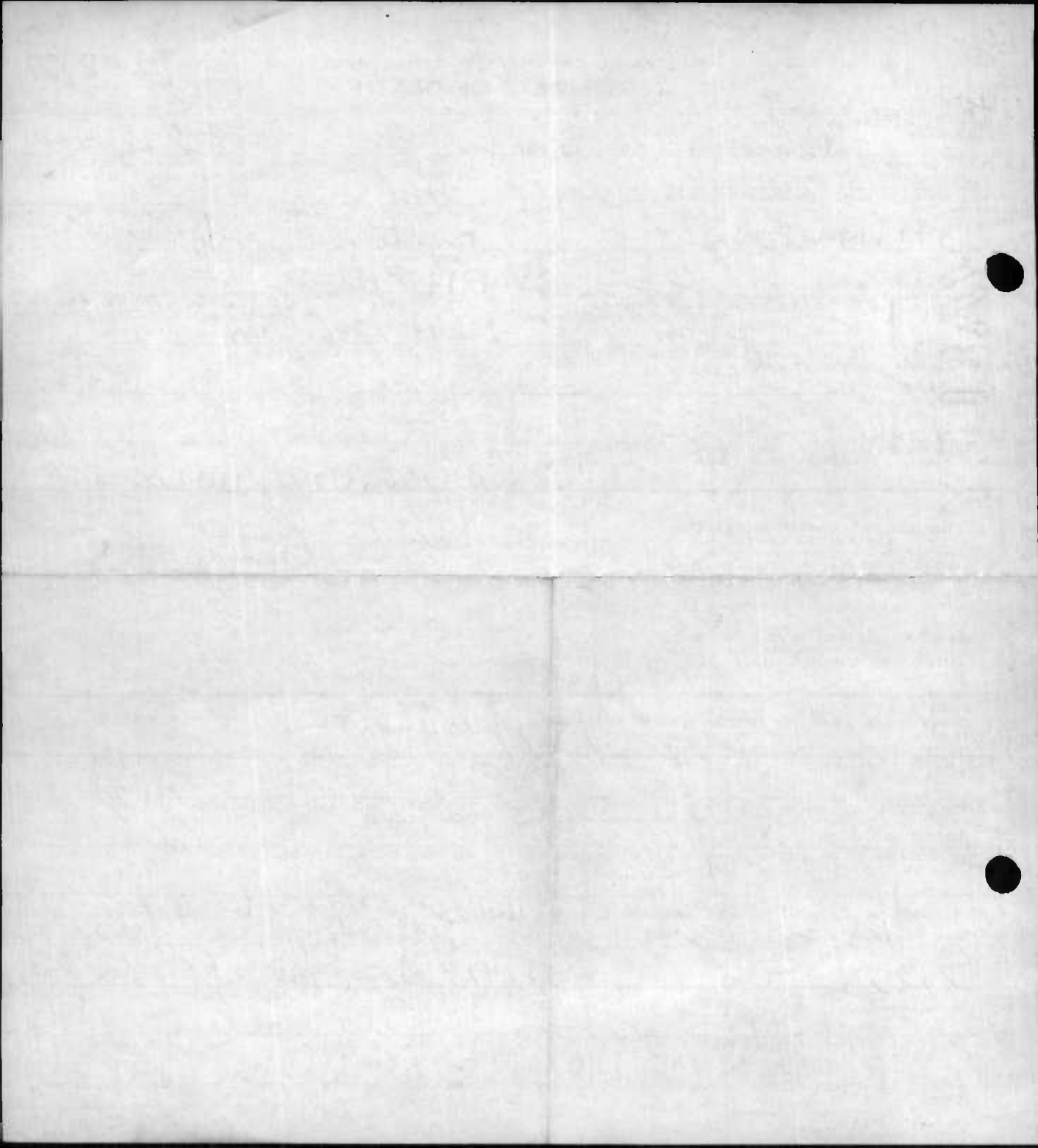
MAR 2 - 1951

VS 150

William Morgan

1303

Pressman
1312 St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2038
Registered No.

452
2038
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Williams

2. DATE
OF
DEATH

Feb 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY *16-03*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1706 Riggs ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto

D. STREET ADDRESS (If rural, give location)
1706 Riggs ave

Length of stay in Baltimore *8 1/2*

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
w

8. DATE OF BIRTH

march 8, 1873

9. AGE (in years last birthday)

77

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Williams

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert Williams 1706 Riggs ave

18. *331X1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebro-Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Hypertension
Atherosclerosis*

*Indefinite
Grippe*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-22, 1951* to *2-28, 1951*, that I last saw the deceased alive on *2-28, 1951*, and that death occurred at *11 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

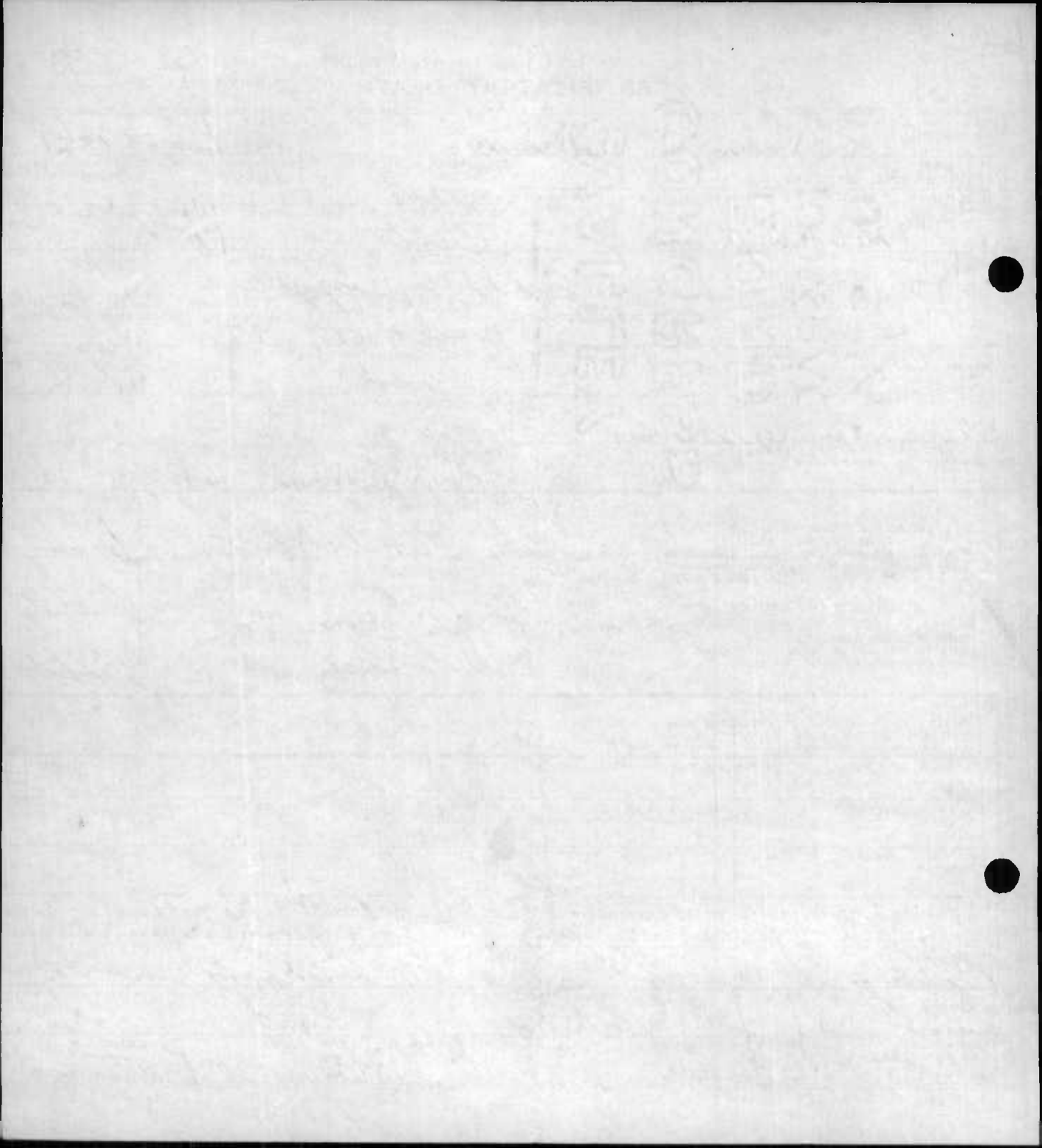
25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1951

William Williams, Jr.

Lie. J. Nelson 1303 Chestnut



600
2039

CERTIFICATE CORRECTED 3-13-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2039

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN FERRY			2. DATE OF DEATH 3-2-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.			C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township) Baltimore 27-48		
Length of stay in Baltimore 8 mos			D. STREET ADDRESS (If rural, give location) 5626 Northwood Drive, Apt D. Balto, Md.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 9, 1917	9. AGE (In years last birthday) 33	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patent Attorney		10B. KIND OF BUSINESS OR INDUSTRY Davidison Chem. Co.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Dr. Alfred A. Ferry, M. D.			14. MOTHER'S MAIDEN NAME Sarah Winring		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. 159-183-057		
17. INFORMANT Kathleen Ferry			ADDRESS 629 N. 63rd St. Phila, Pa		

18. 401.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema. DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Rheumatic Myocarditis DUE TO (B) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____		

19A. DATE OF OPERATION 3-2-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

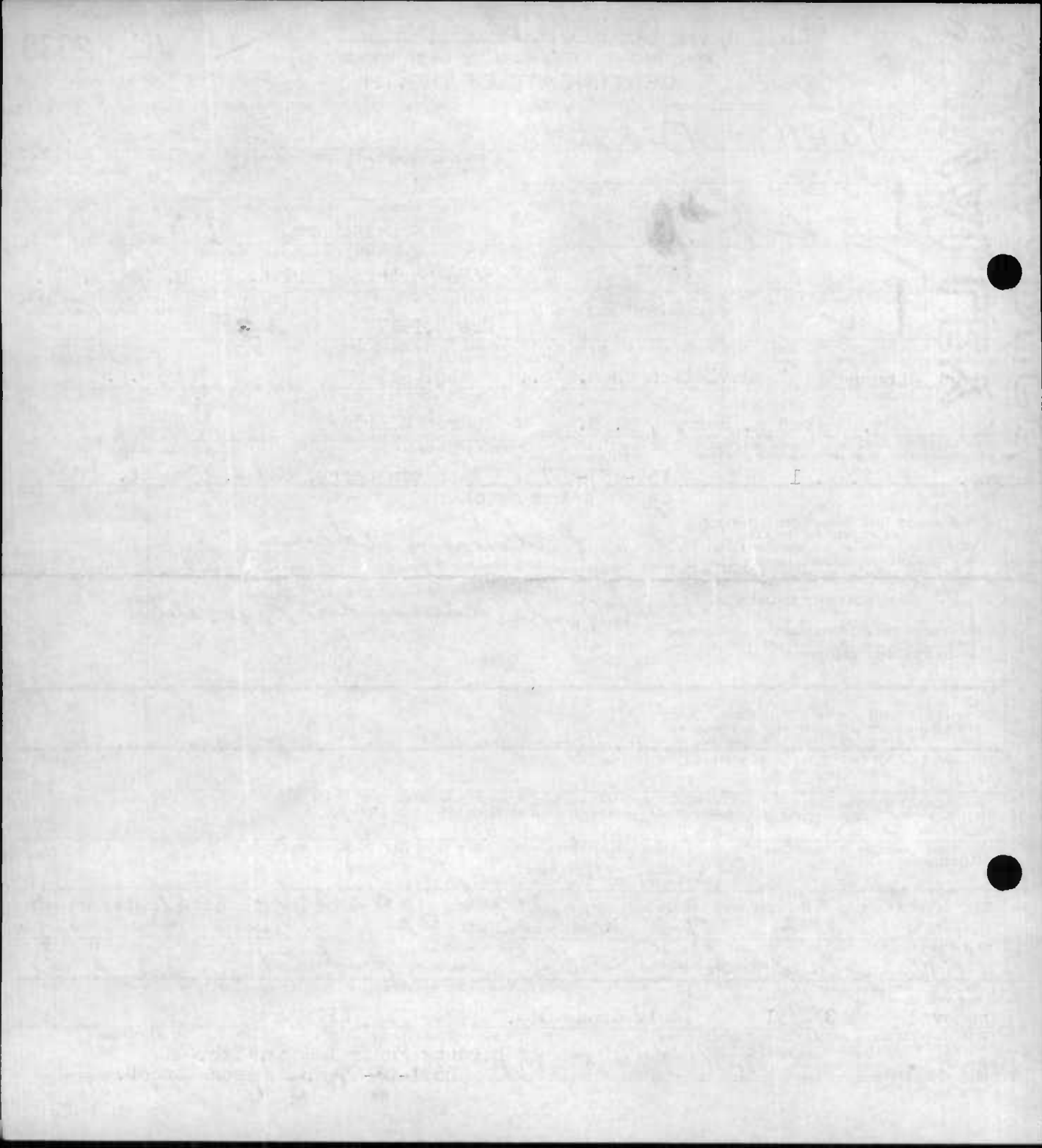
22. I hereby certify that I attended the deceased from **2-26**, 19**51**, to **3-2**, 19**51**; that I last saw the deceased alive on **3-2**, 19**51**, and that death occurred at **12:05** Am., from the causes and on the date stated above.

23A. SIGNATURE Henry C. Steffman		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 3-2-51	
--	--	---------------------------------------	--	-----------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 3/2/51		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem. Calvary Cem. Phila, Pa		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 - 1951		REGISTRAR'S SIGNATURE William H. Holliday		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601 02-05 E. Madison Street.	

MEDICAL CERTIFICATION

055 4R 2056 58c



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2040**

512
51 2040
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Sampson		2. DATE OF DEATH Feb. 28, 1951	
3. PLACE OF DEATH A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
Length of stay in Baltimore 30 years		D. STREET ADDRESS (If rural, give location) 2317 Hunter St	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-25-05
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY None	
13. FATHER'S NAME Phillip Esary		14. MOTHER'S MAIDEN NAME Fannie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 443X and 194X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Subarachnoid hemorrhage 27 hrs DUE TO (B) Hypertensive Vascular Disease ? DUE TO (C) Carcinoma of thyroid
INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-28-1951 , to 2-28-1951 , that I last saw the deceased alive on 2-28-1951 , and that death occurred at 4 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Victor A. McKinnick M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED March 1, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 4, 1951		24C. NAME OF CEMETERY OR CREMATORY Pleasant Rest	
24D. LOCATION (City, town, or county) Towson, Md.		24E. LOCATION (City, town, or county) Towson, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams		25. FUNERAL DIRECTOR Wm. J. Williams	

CERTIFICATE OF DEATH

ATTEST

Witness my hand and seal this 1st day of June 1914

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2041**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward K Brasel		2. DATE OF DEATH March 1 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 137 Siegwart Lane		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		d. STREET ADDRESS (If rural, give location) 137 Siegwart Lane	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/28/1889
9. AGE (In years last birthday) 61		10. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lewis Brasel		14. MOTHER'S MAIDEN NAME Mary Stout	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Mamie Brasel		ADDRESS 137 Siegwart Lane	

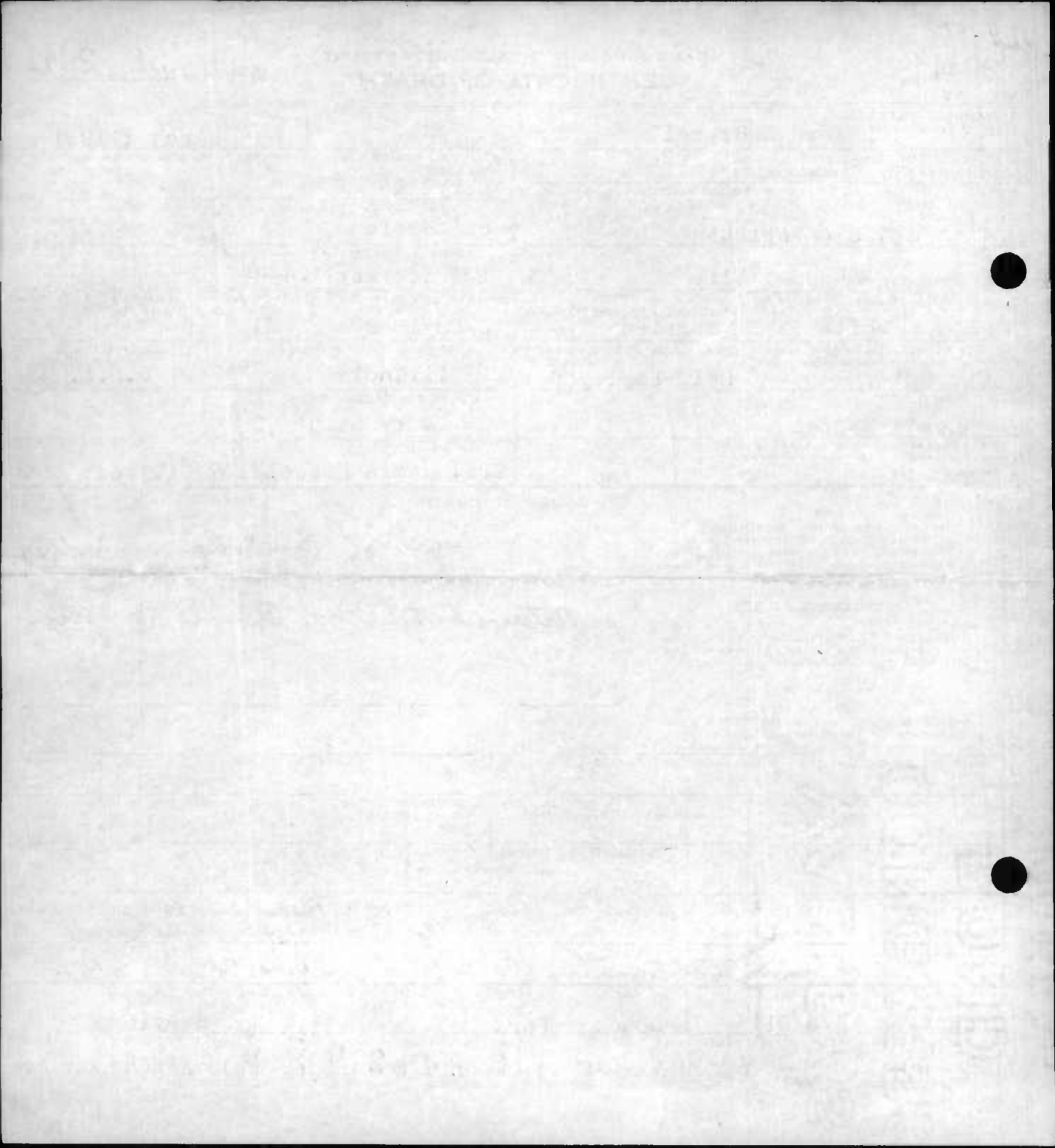
18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Embolism		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic C-V-R Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug , 19 50 , to March 1 , 19 51 , that I last saw the deceased alive on March 1 , 19 51 , and that death occurred at 10 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Abram Goldman		23B. ADDRESS 206 S. Gilman St.		23C. DATE SIGNED 3/2/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 3/3/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 2 - 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR John T. Stansbury		ADDRESS 2700 Edmondson Ave	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



425 51 2042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2042
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jeff

HOLCOMB

2. DATE
OF
DEATH

Feb. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

Found drowned Pier #12 Light St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Florida

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Jacksonville

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ulyesses Holcomb

14. MOTHER'S MAIDEN NAME

Florence Riddle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E929.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning, found drowned

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Found drowned at Pier #12 Light St.

21D. TIME (Month) (Day) (Year) (Hour)

Feb. 26, 1951 10:35 A. m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 26, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

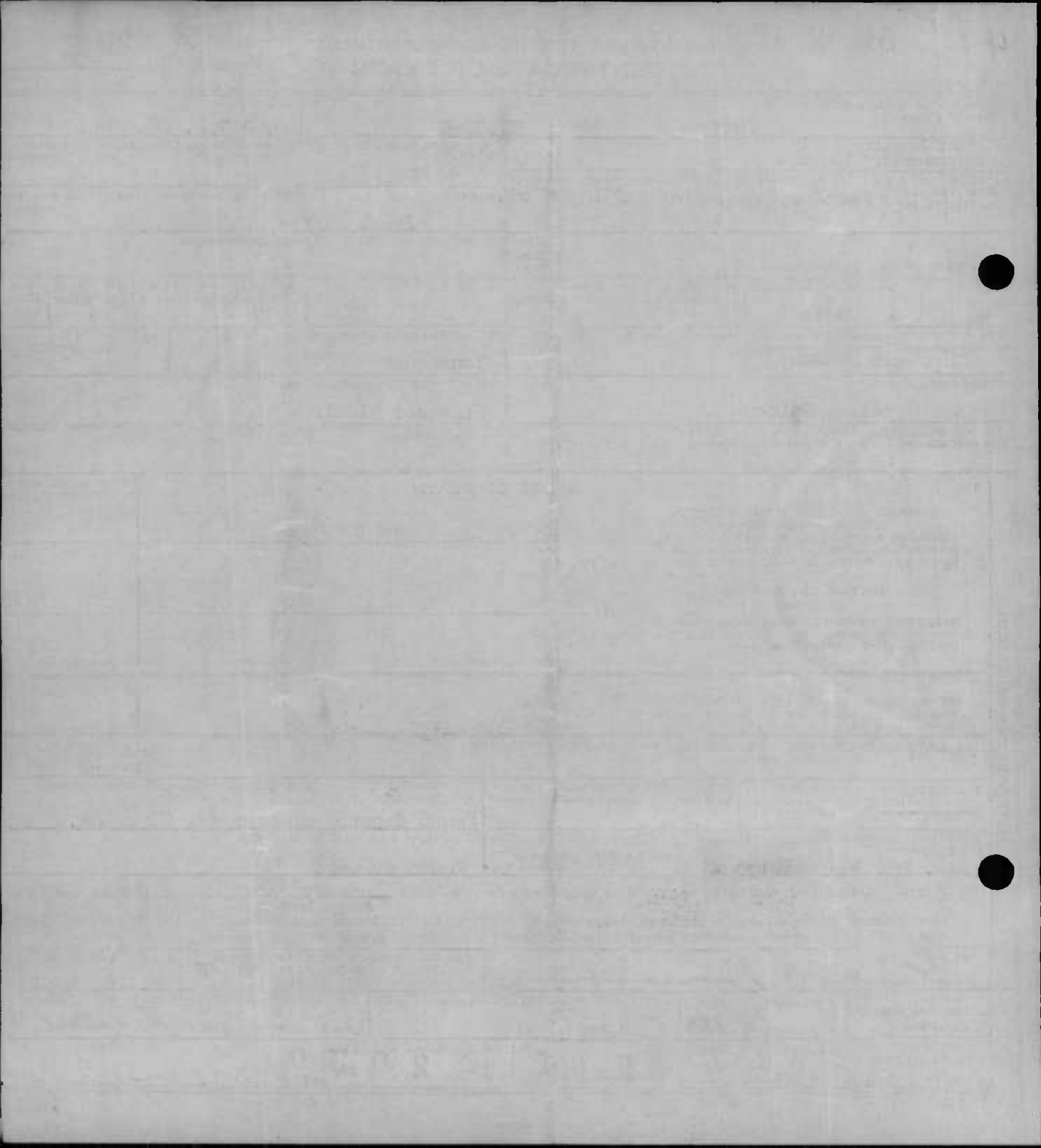
ADDRESS

V-151

N-990X

673 55

183



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2043

Registered No. _____

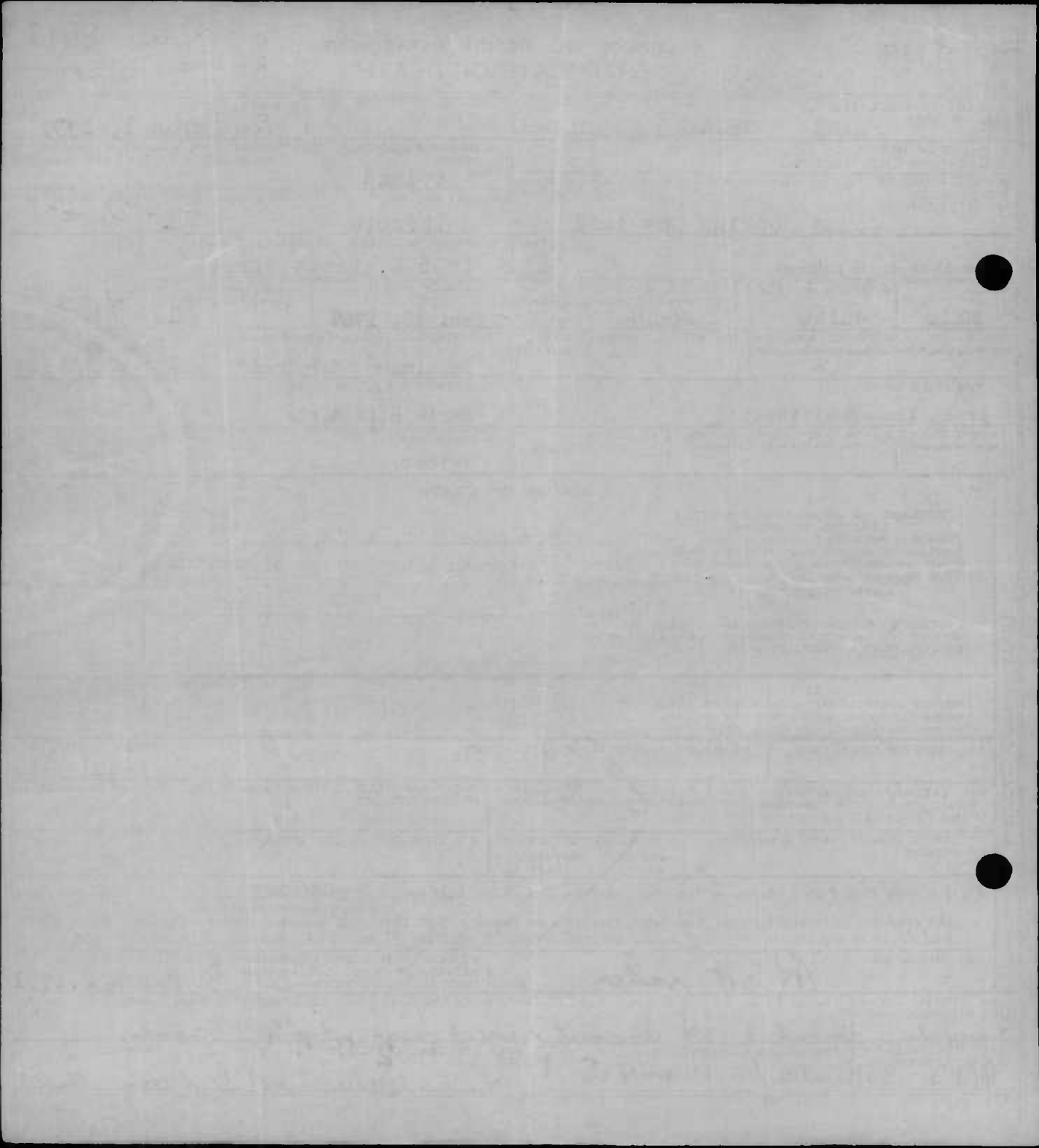
BIRTH NO. *452* *2043*

45-26917

1. NAME OF DECEASED (Type or Print) FRANK THOMAS WILINSKI			2. DATE OF DEATH March 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF _____ (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			E. STREET ADDRESS (If rural, give location) 1836 E. Pratt Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 10, 1949		9. AGE (In years last birthday) 13 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Thomas Wilinski			14. MOTHER'S MAIDEN NAME Marie Ella Marie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Father ✓		

MEDICAL CERTIFICATION

18. <i>571.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gastro enteritis, acute, with terminal aspiration of vomitus DUE TO _____				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. S. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 3 1951		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary	
24D. DATE RECEIVED BY LOCAL REGISTRAR MAR 3 - 1951		24E. REGISTRAR'S SIGNATURE <i>W. J. Miller</i>		24F. FUNERAL DIRECTOR John M. Weber	
V S 151		ADDRESS 401 S. Chester Street		<i>119a</i> ✓	



AB-146306
325
51 2044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2044
Registered No. _____

BIRTH NO. 51-04305

1. NAME OF DECEASED (Type or Print) Baby Girl Rydzynski
2. DATE OF DEATH 2-26-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals
HOSPITAL OR INSTITUTION 4940 Eastern Ave.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02

D. STREET ADDRESS (If rural, give location) 2707 E. Fayette St.
Length of stay in Baltimore Life

5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Feb. 26-1951 9. AGE (In years last birthday) 6 10. Under 1 Year Months 6 Days 52 11. Under 24 Hours Hours 6 Min. 52

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Rydzynski 14. MOTHER'S MAIDEN NAME Mary Abt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMED BY Baltimore City Hospitals Records: 4940 Eastern Ave.

18. 760.0 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Subarachnoid Hemorrhage Foetal Atelectasis DUE TO Life Life

ANTECEDENT CAUSES (B) DUE TO (C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO []

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1951, to 2-26, 1951 that I last saw the deceased alive on 2-26, 1951 and that death occurred at 7:15pm., from the causes and on the date stated above.

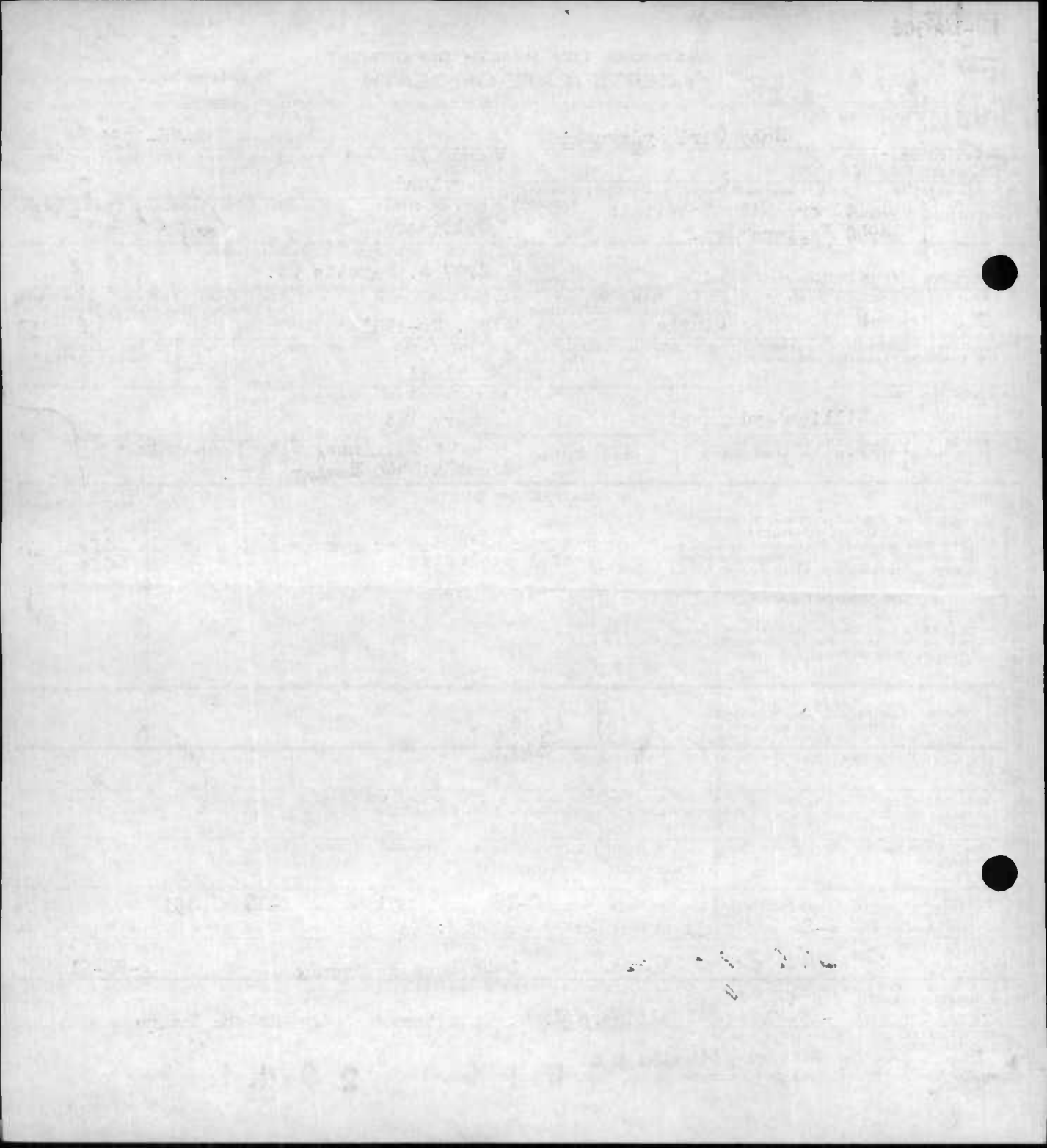
23A. SIGNATURE J.S. Clogher M.D. 23B. ADDRESS 4940 Eastern Avenue 23C. DATE SIGNED 2-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24B. DATE 2-27-51 24C. NAME OF CEMETERY OR CREMATORY Baltimore C. H. Crematory 24D. LOCATION (City, town, or county) 4940 Eastern Avenue (State)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

MAR 3-1951 510002041

VS 150 160a



532
51 2045
ND-145973

BIRTH NO.

51-03667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2045

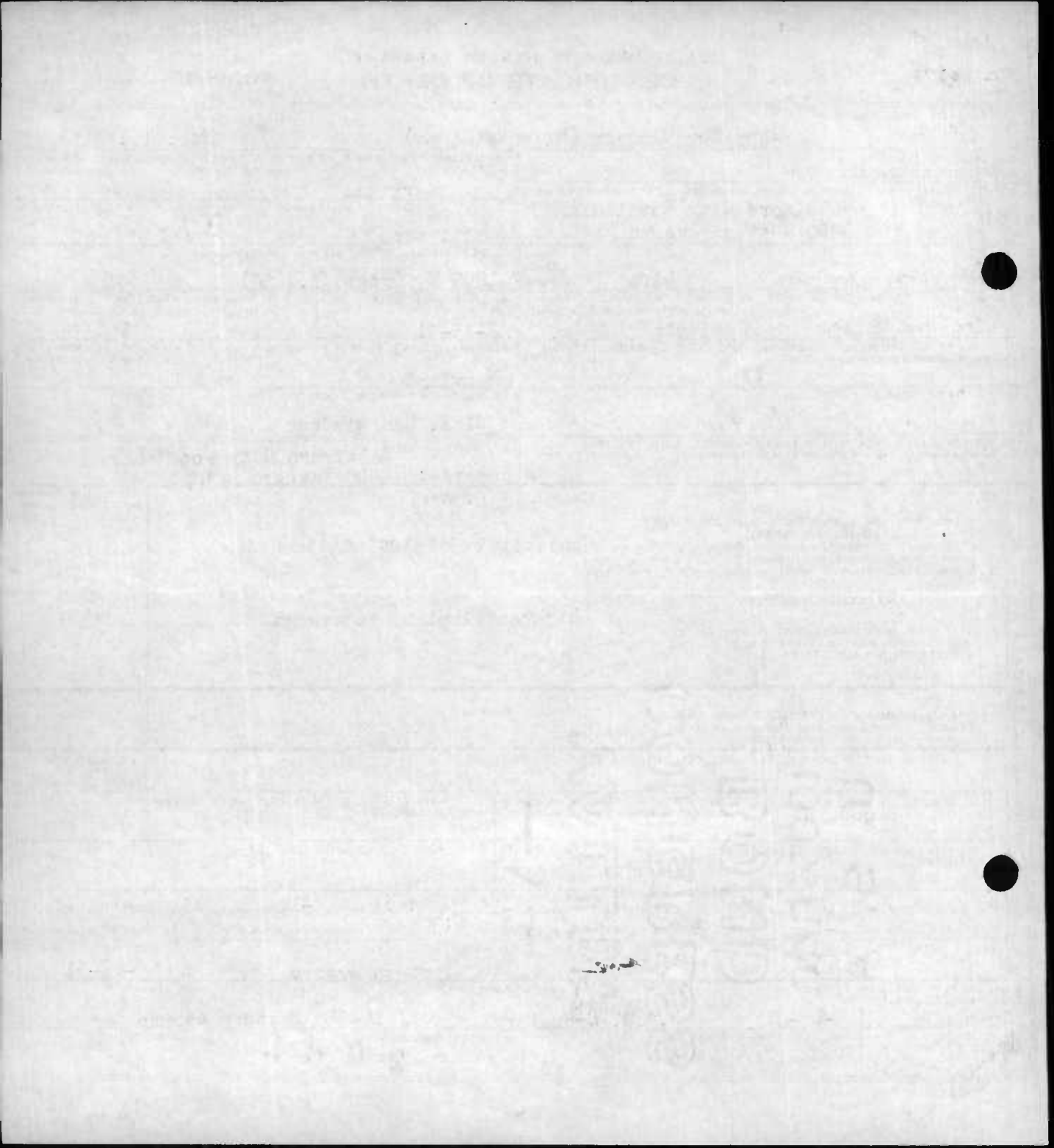
1. NAME OF DECEASED (Type or Print) Baby Boy Windsor (Elizabeth Mae)		2. DATE OF DEATH Feb. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02	
D. STREET ADDRESS (If rural, give location) 1209 W. Cross St. (30)		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 2-15-51		9. AGE (In years last birthday) 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? ?		14. MOTHER'S MAIDEN NAME Eliz. Mae Windsor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. LENGTH OF STAY IN BALTIMORE Life	

CAUSE OF DEATH

18. 760.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congenital Atelectasis DUE TO Life	INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Intraventricular Hemorrhage DUE TO Life	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-15 , 19 51 , to 2-16 , 19 51 , that I last saw the deceased alive on 2-16 , 19 51 , and that death occurred at 6:30a m., from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 2-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 2-27-51	24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue
DATE RECEIVED BY LOCAL REGISTRAR MAR 3-1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR 51 000 2042	ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 2046

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELISHA OUTIN			2. DATE OF DEATH March 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
D. STREET ADDRESS (If rural, give location) 413 E. Lanvale Street			5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (In years last birthday) 52	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stitcher		10B. KIND OF BUSINESS OR INDUSTRY Copper Works	11. BIRTHPLACE (State or foreign country) Marion Station Md U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Elisha Outin			14. MOTHER'S MAIDEN NAME Julia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes			16. SOCIAL SECURITY NO. 217-01-7093		
17. INFORMANT Gladys Outin			ADDRESS 413 E. Lanvale St		

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
(C) _____

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspec.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE **RS Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **March 2, 1951**
ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 6/1951	24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 - 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR W. H. Williams	ADDRESS 1575 McElroy St

MEDICAL CERTIFICATION

9703C

937

STANDARD STANDARD

Handwritten scribble or signature in the top left corner.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDNA B. THROWER

2. DATE
OF
DEATH

2/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

39 PROVIDENT HOSPITAL

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2548 MC CULLOH STREET

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

2/15/1906

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TEACHER

10B. KIND OF BUSINESS OR INDUSTRY

BALTO. CITY SCHOOLS

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CALVIN GILLETTE

14. MOTHER'S MAIDEN NAME

MITTIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ZERETA SKATES(D) 2217 SARATOGA ST

18. 330X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

sub. arachnoid Hemorrhage

2 weeks

(C)

hypertension

7

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-13, 1951, to 2-27, 1951, that I last saw the deceased alive on 2-27, 1951, and that death occurred at 5:00 AM from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Roy Berry

23B. ADDRESS

M. D. 1420 E. Chase St.

23C. DATE SIGNED

3.2.51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county) (State)

A.A. COUNTY? MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1951

Wm. L. Roy Berry

CHAS. G. COOPER 512 CARROLLTON AVE

STANDARD FORM NO. 64
OFFICE OF THE SECRETARY OF THE ARMY

1313

5002

1000

1000

1000

426
51 2048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2048
Registered No.

BIRTH NO.

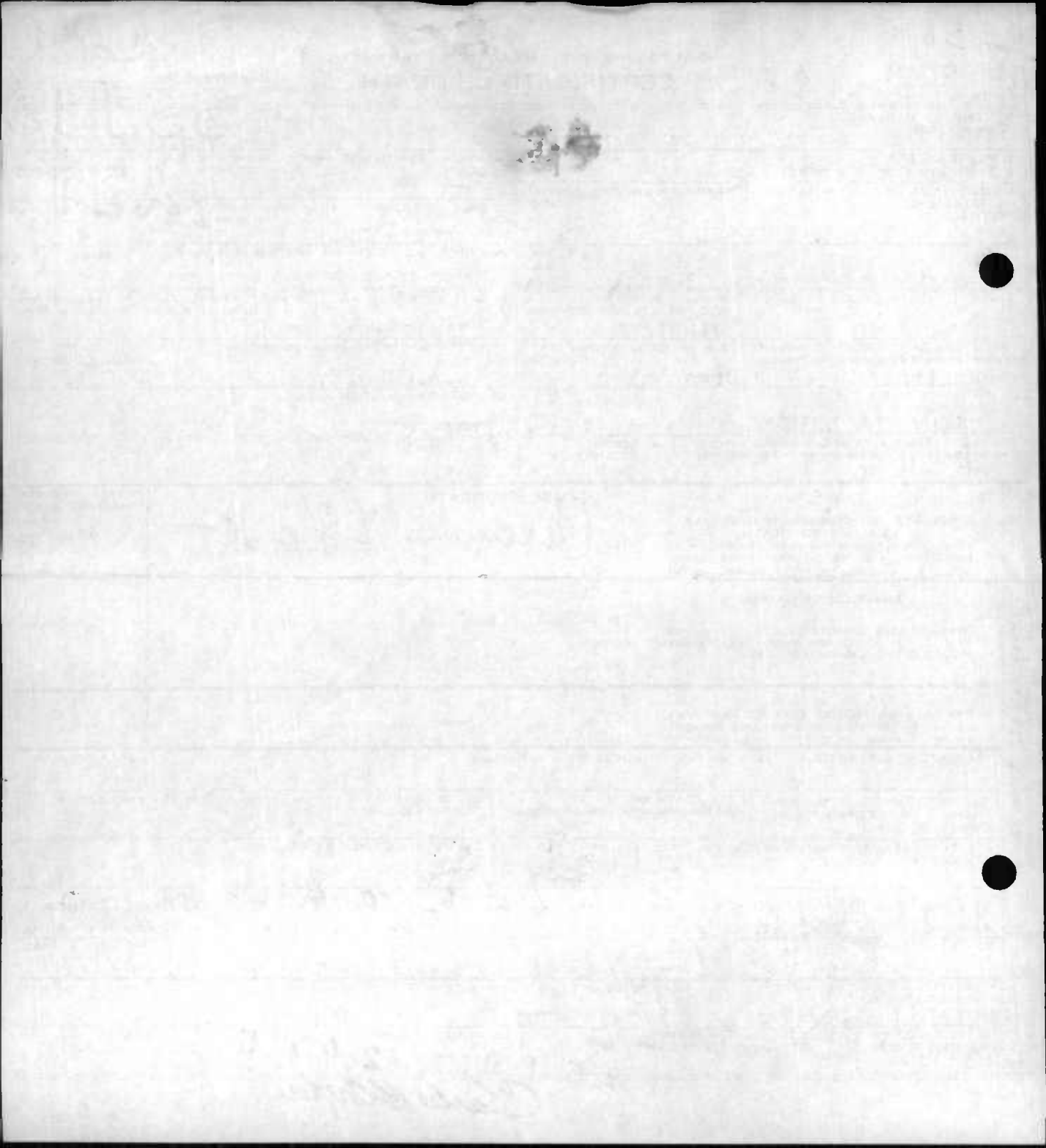
1. NAME OF DECEASED (Type or Print) ORA BURLEY WALKER			2. DATE OF DEATH FEBRUARY 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE		
5. FULL NAME OF HOSPITAL OR INSTITUTION 720 W. REDWOOD ST			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE		
6. Length of stay in Baltimore 10 yrs			D. STREET ADDRESS (If rural, give location) 720 W. REDWOOD STREET		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11/17/1910	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress			10B. KIND OF BUSINESS OR INDUSTRY Dressmaker		
11. BIRTHPLACE (State or foreign country) A.A. COUNTY, MD			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME TECUMSEH BURLEY			14. MOTHER'S MAIDEN NAME IDA JOHNSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT ROSIE CHASE			ADDRESS		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of Breast	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 6, 1950 to Oct 28, 1951 , that I last saw the deceased alive on Oct 28, 1951 , and that death occurred at 7:15 Pm. , from the causes and on the date stated above.		
23A. SIGNATURE Ralph W. Beckley Jr.	23B. ADDRESS 426 N. Lincoln St	23C. DATE SIGNED 3/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/3/51	24C. NAME OF CEMETERY OR CREMATORY SAINTS REST	24D. LOCATION (City, town, or county) (State) HARMON, MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 - 1951		25. FUNERAL DIRECTOR CHARLES G 2 COOPER-512 CARROLLTON AV.	

690 46 Charles Cooper



420
51 2049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2049
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) AGNES M. DOLACK			2. DATE OF DEATH 3-1-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2725 Gilford Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
C. Length of stay in Baltimore 63 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2725 Gilford Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-16-1887	9. AGE (in years last birthday) 63	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Organist			10B. KIND OF BUSINESS OR INDUSTRY Churches		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Robert J. Montgomery			14. MOTHER'S MAIDEN NAME Catherine Cllaby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. L		
17. INFORMANT Mrs. Agnes M. Dolack			ADDRESS 2725 Gilford Ave		

18. 157x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Carcinoma of Pancreas DUE TO	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Metastasis in Liver DUE TO	1 month
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Diabetes Mellitus	2 yrs.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to March 1, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE E. Gill Hall MD	23B. ADDRESS 1631 E North Ave	23C. DATE SIGNED March 2-1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-5-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore	24D. LOCATION (City, town, or county) (State) Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 5-1951	REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.	25. FUNERAL DIRECTOR Edmund W. Conklin	ADDRESS 924 E. Eager St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2050**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES WILSON

2. DATE OF DEATH

28 FEB 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSP

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **MARYLAND**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

30 S. HIGH ST

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

21 MAY 1881

9. AGE (In years last birthday)

69

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAIL ROAD WORKER

10B. KIND OF BUSINESS OR INDUSTRY

Night Watchman

11. BIRTHPLACE (State or foreign country)

W. VA.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

SOL

WILSON

14. MOTHER'S MAIDEN NAME

ELIZABETH STONAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

214-05-9031

17. INFORMANT

405 S. Cedar St Mary Ann Cumberland Md

18. **023X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

Luetic mesenteritis

(B)

Generalized arteriosclerosis

DUE TO

Nephrosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

7 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **16 FEB 1951** to **28 FEB 1951**, that I last saw the deceased alive on **28 Feb 1951**, and that death occurred at **7:30 AM**, from the causes and on the date stated above.

23A. SIGNATURE

Oliver R. Reed

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

28 Feb 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 3 - 1951

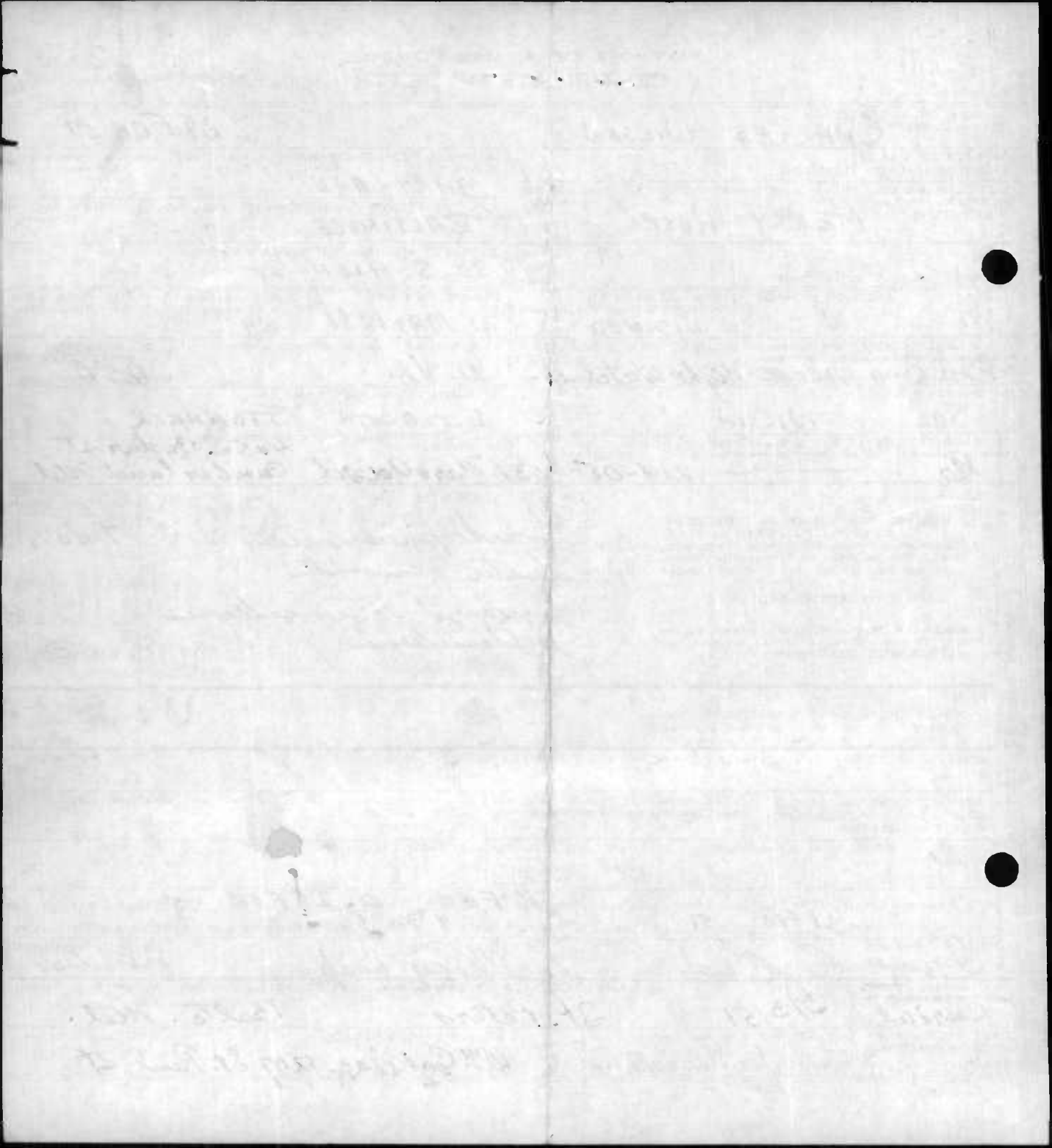
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

404 Oak St. 1217 St. Paul St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2051
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert Duffens</i>		2. DATE OF DEATH <i>2/22/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>✓</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>4-03</i>	
8. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital of</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>662 W. Fairmount Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>—</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. *4500* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Myocardial Infarction, Atherosclerosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Terminal Pneumonia*
DUE TO
(C) *Bacteremia*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerosis generalized

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *2/22/51*, 19 *51*, to *2/22/51*, 19 *51*, that I last saw the deceased alive on *2/24/51*, 19 *51*, and that death occurred at *2:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3-1951

*for Williams, M.**Mrs. Kate R. Williams**Schroeder St*



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2052
Registered No. _____

1. 2052

BIRTH NO. _____

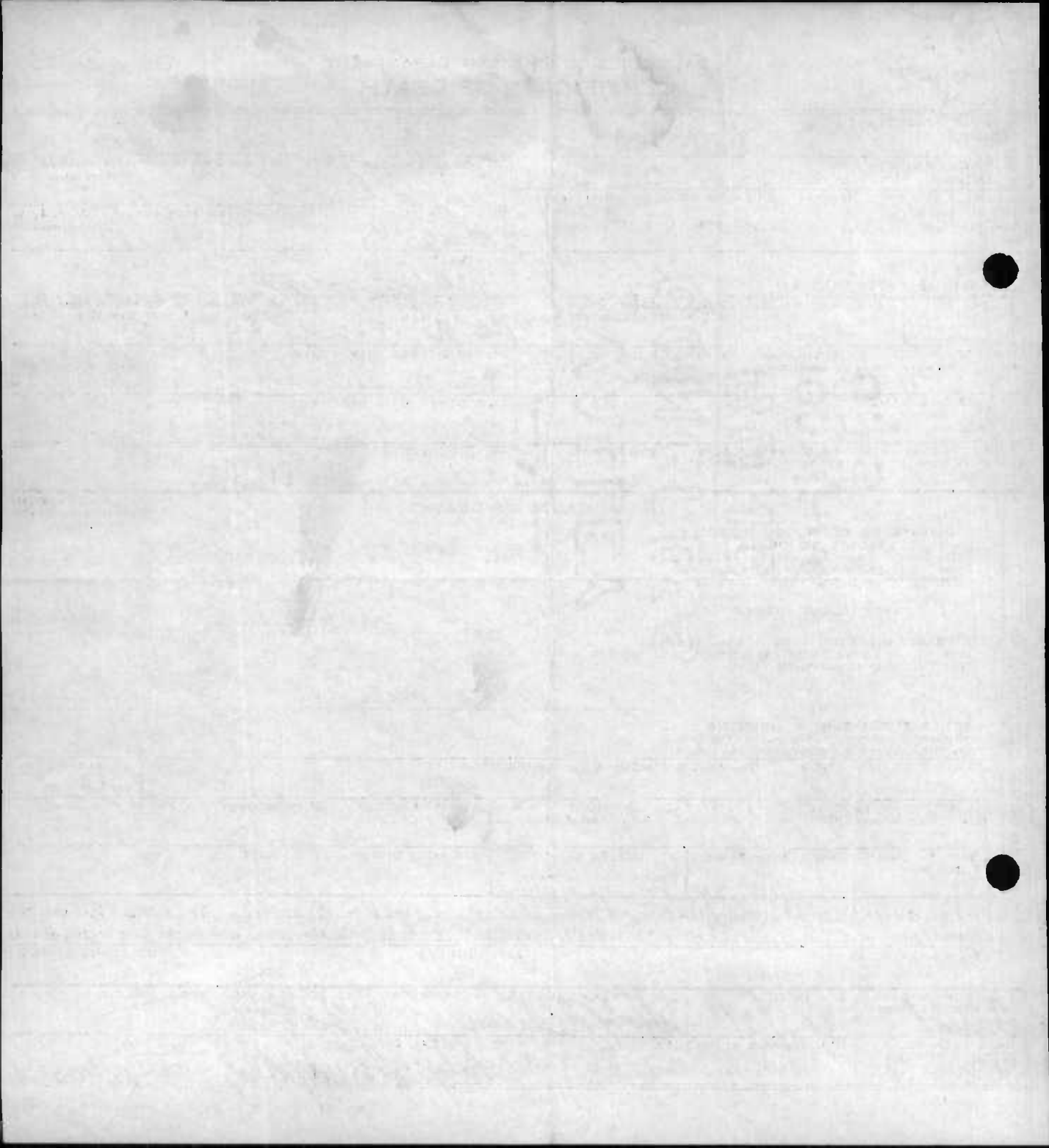
1. NAME OF DECEASED (Type or Print) <i>Margaret J. Jordan</i>		2. DATE OF DEATH <i>March 27 1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1926 Orleans St</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>)		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1926 Orleans St</i>		6-04	
5. LENGTH OF STAY IN BALTIMORE <i>4 yrs</i>		Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>none</i>	8. DATE OF BIRTH <i>Mar 21 1862</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
13. FATHER'S NAME <i>Robert Angel</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookoon) _____		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Little Sisters of the Poor</i>		12. CITIZEN OF WHAT COUNTRY? <i>Catherine E. Jordan</i>	

MEDICAL CERTIFICATION	18. <i>472.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>Chronic Bronchitis</i> DUE TO		
	(B) <i>Arterio Sclerosis</i> DUE TO		
	(C) <i>Myocarditis</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10 - 1957</i> , to <i>March 27 - 1957</i> , that I last saw the deceased alive on <i>March 1 - 1957</i> , and that death occurred at <i>9:45 A. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>March 2 - 1957</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>3/5/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Philip J. Herring</i>		24F. ADDRESS <i>2024 Orleans St</i>	

DATE RECEIVED BY LOCAL REGISTRAR *MAR 3 - 1957* REGISTRAR'S SIGNATURE *William H. Williams*

VS 150 93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2053
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MITCHELL MURRAY

2. DATE
OF
DEATH

March 2 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Length of stay in Baltimore

2

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Nov. 14 - 1928

9. AGE (In years
last birthday)

22

If Under 1 Year

3 Months: Days

16

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery (r)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Russell Mitchell

14. MOTHER'S MAIDEN NAME

Margaret Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-22-1337

17. INFORMANT

Mrs. Carolyn Mitchell

ADDRESS

Bellevue

18. 7348 and E 954.7 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Syncope during anesthesia by
pentothal-cyclopropane

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

3/2/51

19B. MAJOR FINDINGS OF OPERATION

Ruptured middle meniscus of left knee

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

hospital

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Franklin Square Hospital

1912

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 2, 1951 12.15 p. m.

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Cardiac arrhythmia due to anesthesia

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 1951

24C. NAME OF CEMETERY OR CREMATORY

Mountain Christian

24D. LOCATION (City, town, or county)

Joppa Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 3 - 1951

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Worthington

ADDRESS

Benson

Jelen - I look as though
in this case the operation
was not performed.

However, as the answer
is contributory only, — could
you ascertain the condition
for which the operation
was to have been performed?

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 2054

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ELLA M. BAUGHMAN			2. DATE OF DEATH Mar. 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 00 1709 Sulgrave Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1709 Sulgrave Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 4, 1861		9. AGE (In years last birthday) 89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Joshua Baughman			14. MOTHER'S MAIDEN NAME Mary Walker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs. Wallace Ford - 1709 Sulgrave Ave.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

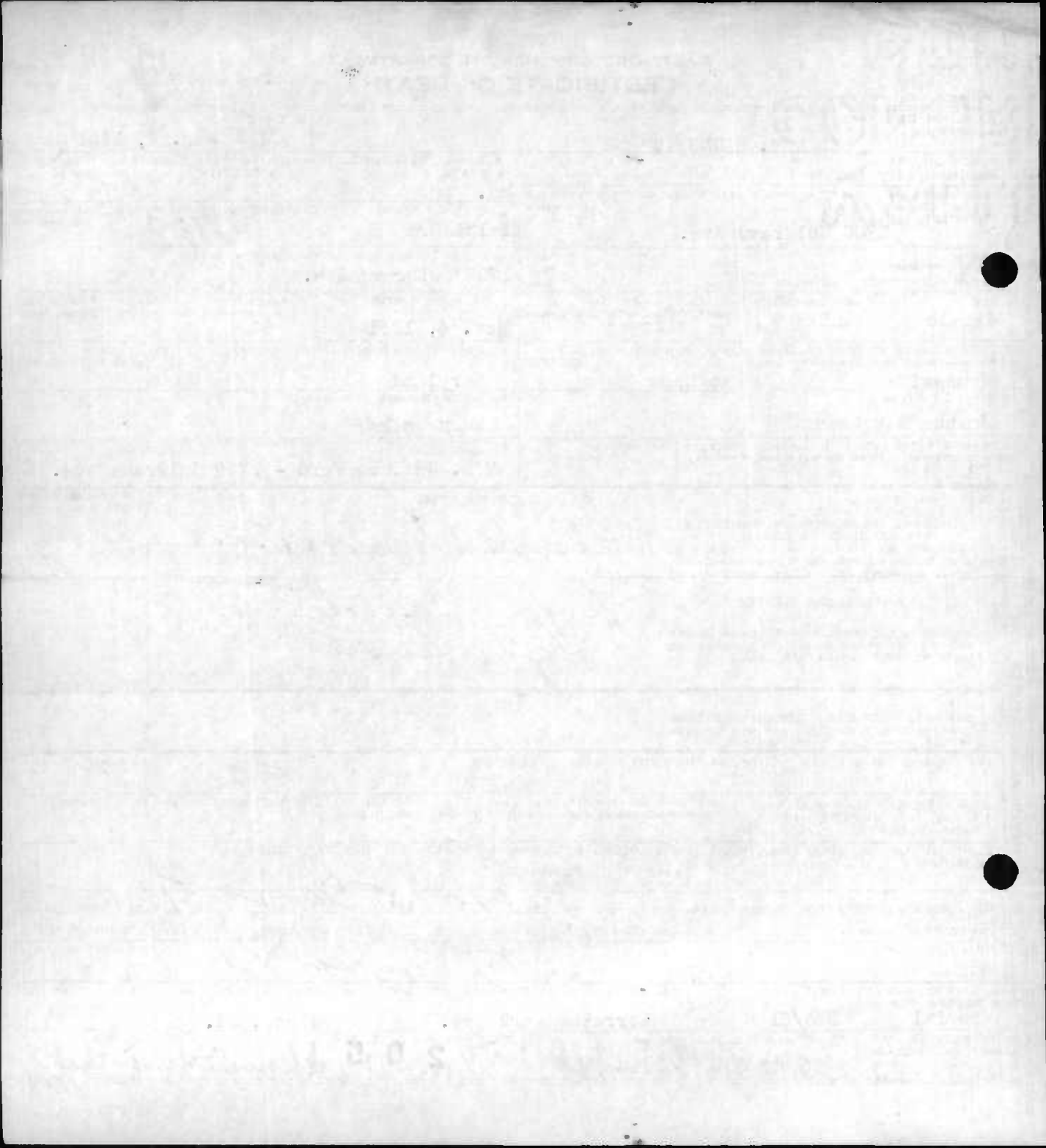
22. I hereby certify that I attended the deceased from *Oct 10*, 19*50*, to *Mar 2*, 19*51*, that I last saw the deceased alive on *19*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Samuel H. Talbot</i>	23B. ADDRESS <i>3611 Linden St</i>	23C. DATE SIGNED <i>3-3-51</i>
---	---------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/5/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 3 - 1951	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. S. Lickner & Son - Balt. Md.</i>	ADDRESS <i>832</i>
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2055**

200
51 2055
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GERTRUDE M. LUSK			2. DATE OF DEATH Feb. 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY X		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 289 Mason Court			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 289 Mason Court			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 14, 1873	9. AGE (In years last birthday) 78	10. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Pennsylvania			12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ? Horn			14. MOTHER'S MAIDEN NAME Jane Deacon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. no		
17. INFORMANT Miss Anna Warner - 289 Mason Court, Balto 31			ADDRESS		

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage	CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 days
19. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio vascular disease	(B) Hypertensive cardio vascular disease DUE TO	10 yrs
(C) Auricular fibrillation DUE TO		10 yrs.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11 Jan 1951** to **28 Feb 1951**, that I last saw the deceased alive on **28 Feb 1951**, and that death occurred at **6:30 P. M.**, from the causes and on the date stated above.

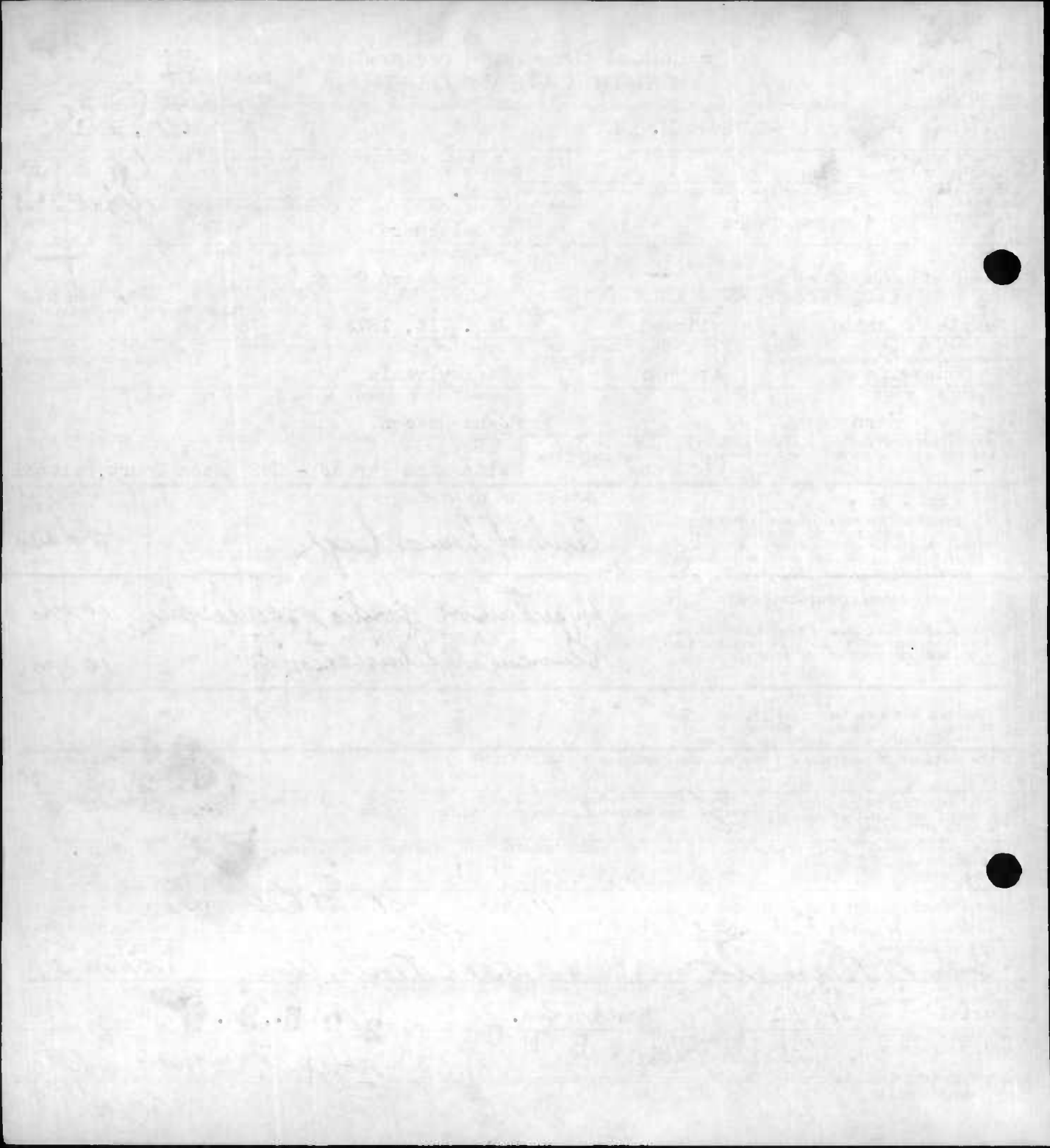
23A. SIGNATURE **John N. Bamaly** M. D. 23B. ADDRESS **1531 E North Ave** 23C. DATE SIGNED **2 Mar 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **3/ /51** 24C. NAME OF CEMETERY OR CREMATORY **Western Cem.** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **Mar 3 1951** REGISTRAR'S SIGNATURE **Montgomery Williams** 25. FUNERAL DIRECTOR **Thm. J. Dickner & Sons - Balto** ADDRESS **937 md.**

MAR 3 1951
VS 150

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2056**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Roach

2. DATE
OF
DEATH

March 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

**2211 W. Rogers Ave.
Methodist Home for Aged**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 2, 1861

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Menche Roach

14. MOTHER'S MAIDEN NAME

Emily Meredith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie B. Fisher - 2211 W. Rogers Ave.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **Myocardial infarction**
DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Atherosclerosis**
DUE TO
(C)

20 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **FEB 15, 1951**, to **MARCH 1, 1951**, that I last saw the deceased alive on **3-1, 1951** and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/ /51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cema. 2 Balto., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

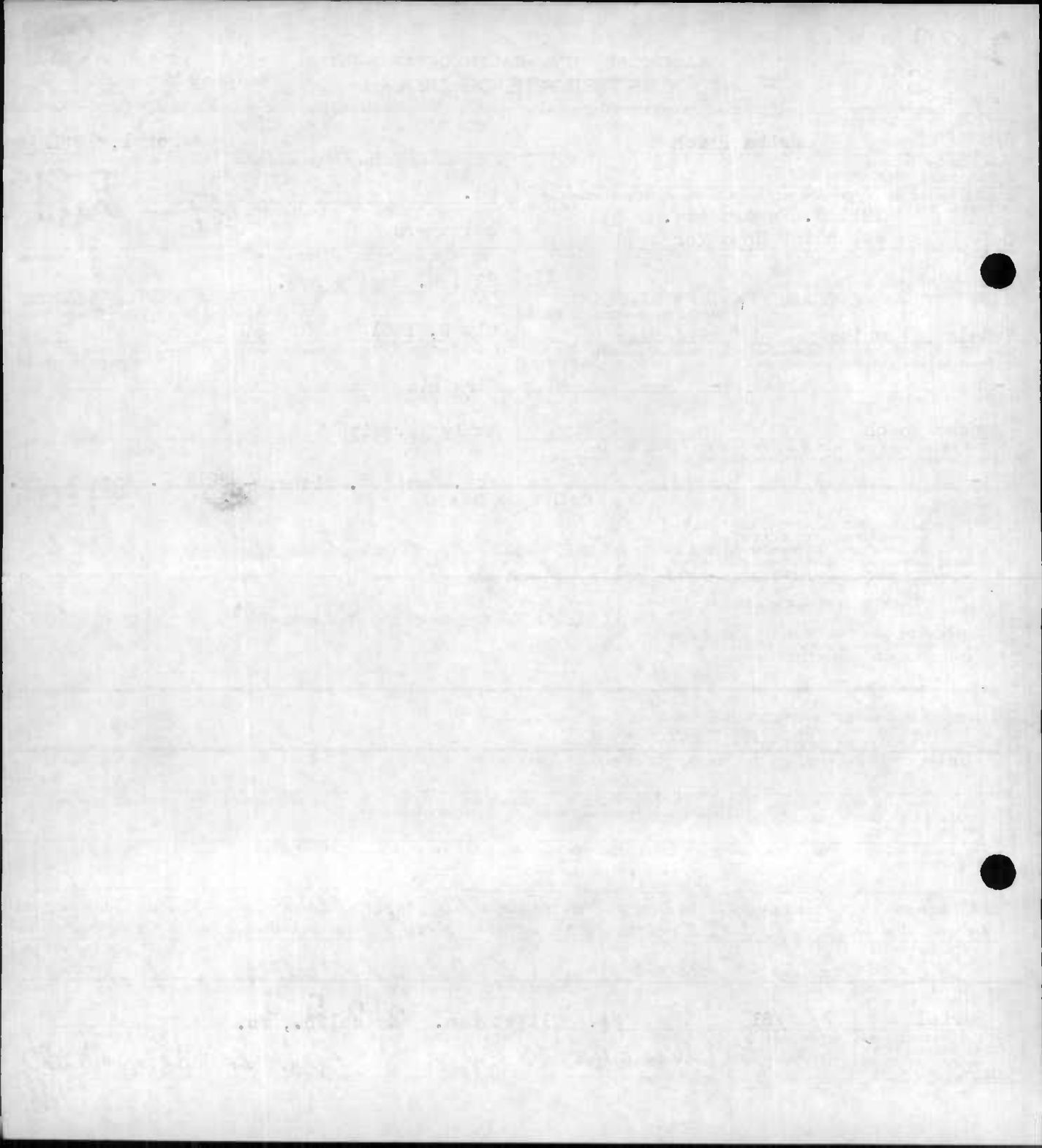
25. FUNERAL DIRECTOR

ADDRESS

MAR 3-1951

Wm. J. Dickner & Son - Balto. Md.

26m. J. Dickner & Son - Balto. Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2057

BIRTH NO. 260

1. NAME OF DECEASED
(Type or Print) **PHYLLIS BAKER.**

2. DATE OF DEATH **3-1-51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **MARYLAND.** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **UNIVERSITY HOSPITALS**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE Rural

D. STREET ADDRESS (If rural, give location)
4917 Brookwood - 5200

5. SEX **GIRL**

6. COLOR OR RACE **WHITE**

7. **SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**

8. DATE OF BIRTH **1-22-47**

9. AGE (In years last birthday) **4**
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CHILD.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
BALT.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

VERNON

14. MOTHER'S MAIDEN NAME

GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Family - SAME

18. **2044** CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Leukemia.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-19-**, 19**50**, to **3-1-**, 19**51**, that I last saw the deceased alive on **3-1-**, 19**51**, and that death occurred at **10:35 A.** m., from the causes and on the date stated above.

23A. SIGNATURE

Dagledra

M. O.

23B. ADDRESS

University Hospitals

23C. DATE SIGNED

3-1-51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-5-51

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

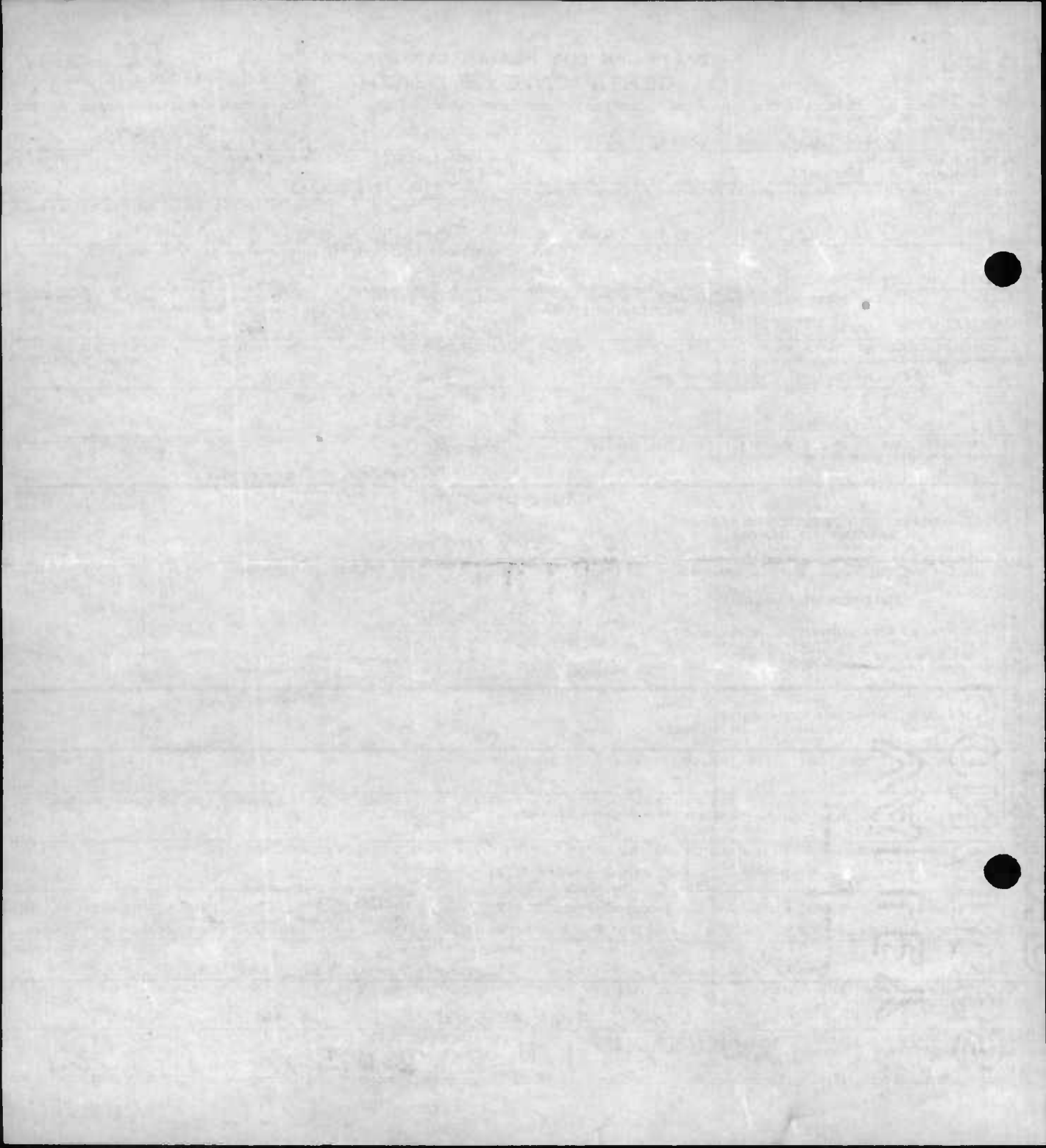
MAR 3 - 1951

VS 150

Funeral Home 1306 South Ave.

74a

MEDICAL CERTIFICATION



700
51 2058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2058

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH E. MICK

2. DATE
OF
DEATH

3.1.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2006 GRIFFIS AVE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 2543

D. STREET ADDRESS (If rural, give location)
2006 Griffis Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M.

8. DATE OF BIRTH

3.1.1906

9. AGE (In years last birthday)

44

10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY
HOME.

11. BIRTHPLACE (State or foreign country)
BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HENRY JACOBS

14. MOTHER'S MAIDEN NAME

LINETTA ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. 152X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Sarcoma, Small bowel
DUE TO with multiple abdominal metastases

8 mos?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1950, to March 1, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Arthur Rossberg M.D.

M. D.

23B. ADDRESS

2436 Washington Blvd - 3.

23C. DATE SIGNED

3/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

3.5.51

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county) (State)

BALTIMORE

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

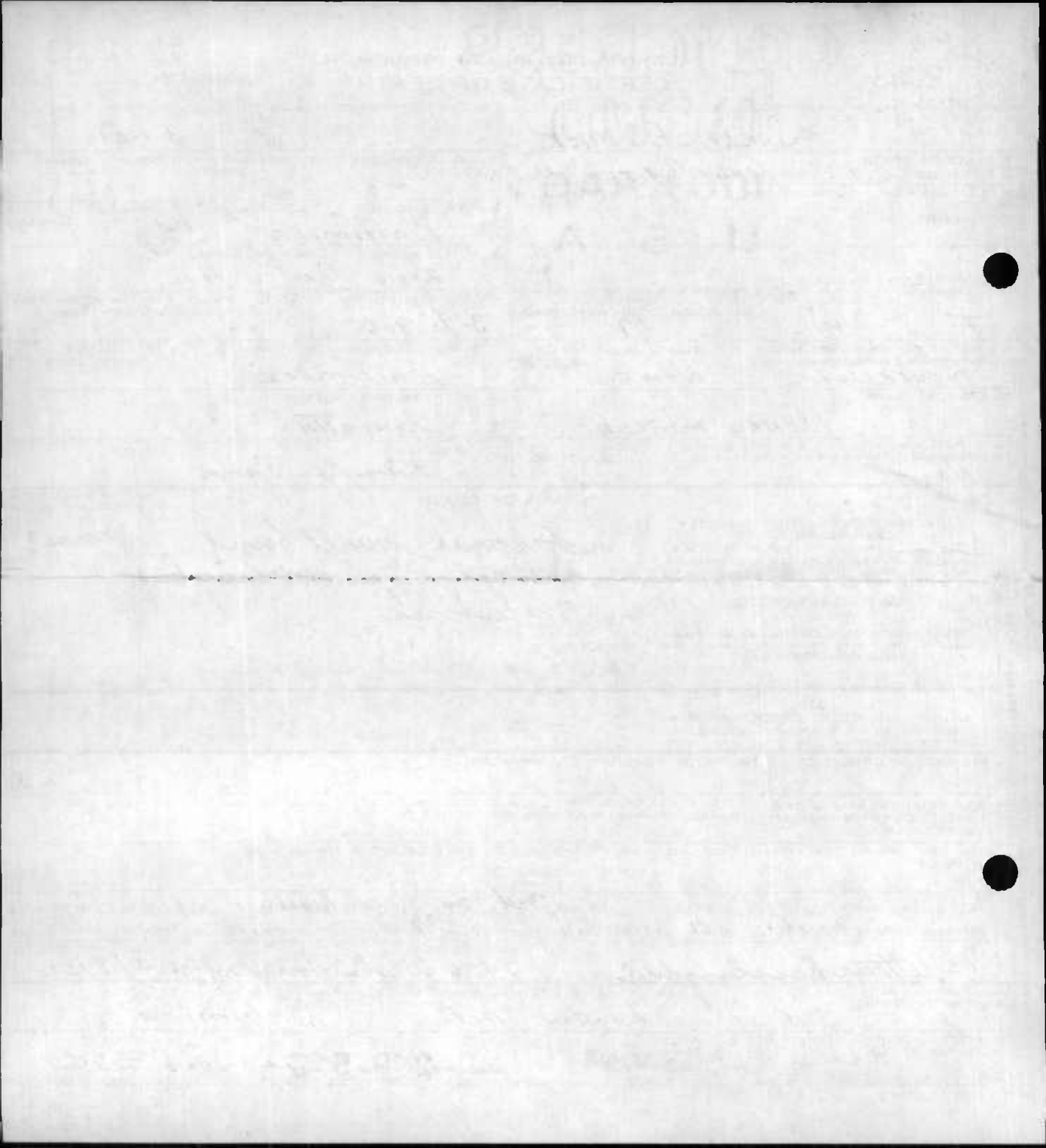
25. FUNERAL DIRECTOR

ADDRESS

2502 E. Carey - 13. S. Fair Care.

MAR 3 - 1951

46E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2059

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE OITZER

2. DATE
OF
DEATH

3-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Levendale

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Levendale

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18. 332X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13 1945 to 3-2 1951, that I last saw the
deceased alive on 3-2 1951, and that death occurred at 12:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levendale home

23C. DATE SIGNED

3-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3-1951

J. William Williams, Jr.

Jack Lewis, Jr. 200 Centau Pl

ROSE CRUISE

General Introduction
Introduction

2. The Cruise
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635
51 2060BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2060
Registered No.

BIRTH NO. 1

1. NAME OF DECEASED (Type or Print) LENA GORDON		2. DATE OF DEATH 3-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2846 Harford Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2846 Harford Road		E. LENGTH OF STAY IN BALTIMORE 44 Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Isaac Gordon		ADDRESS Same	

18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Coronary Thrombosis**
DUE TO
(B) **Arteriosclerotic Hypertensive Cardio-vascular Disease**
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1942 , to March , 19 51 , that I last saw the deceased alive on Mar 1 , 19 51 , and that death occurred at 9:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Ray M. Zimmerman		M. D. 2058 Harford Rd.		23C. DATE SIGNED Mar. 3 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3-4-51		24C. NAME OF CEMETERY OR CREMATORY Chesnut Emma Progress	
24D. LOCATION (City, town, or county) (State) Ra		24E. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Easton Rd	

DATE RECEIVED BY LOCAL REGISTRAR
MAR 3-1951REGISTRAR'S SIGNATURE
Wm. J. Williams, M.D.

by Zimmerman Rd
2858 Harford
8-10-86 BE 3387

546
51 2061BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2061
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA HEMMER

2. DATE
OF
DEATH

3-2-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

3820 Callaway Ave Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, give R.U.A. and give township)

d. STREET ADDRESS (If rural, give location)

3820 Callaway Ave

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Gangrene right foot & leg.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Ch Endarteritis.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Ch Diabetes

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15 1950, to 3/1 1951, that I last saw the
deceased alive on 3/1 1951, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

22a. SIGNATURE

A. H. Hornstein

M. D.

22b. ADDRESS

204 E. Biddle St

22c. DATE SIGNED

3/3/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

3/4/51

Rosedale Cem.

2050

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1951

J. T. Williams, Jr.

Jack Lewis, Inc. - 2100 Eutaw Pl.

Horastee

200
51 2062
MD- 142870
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

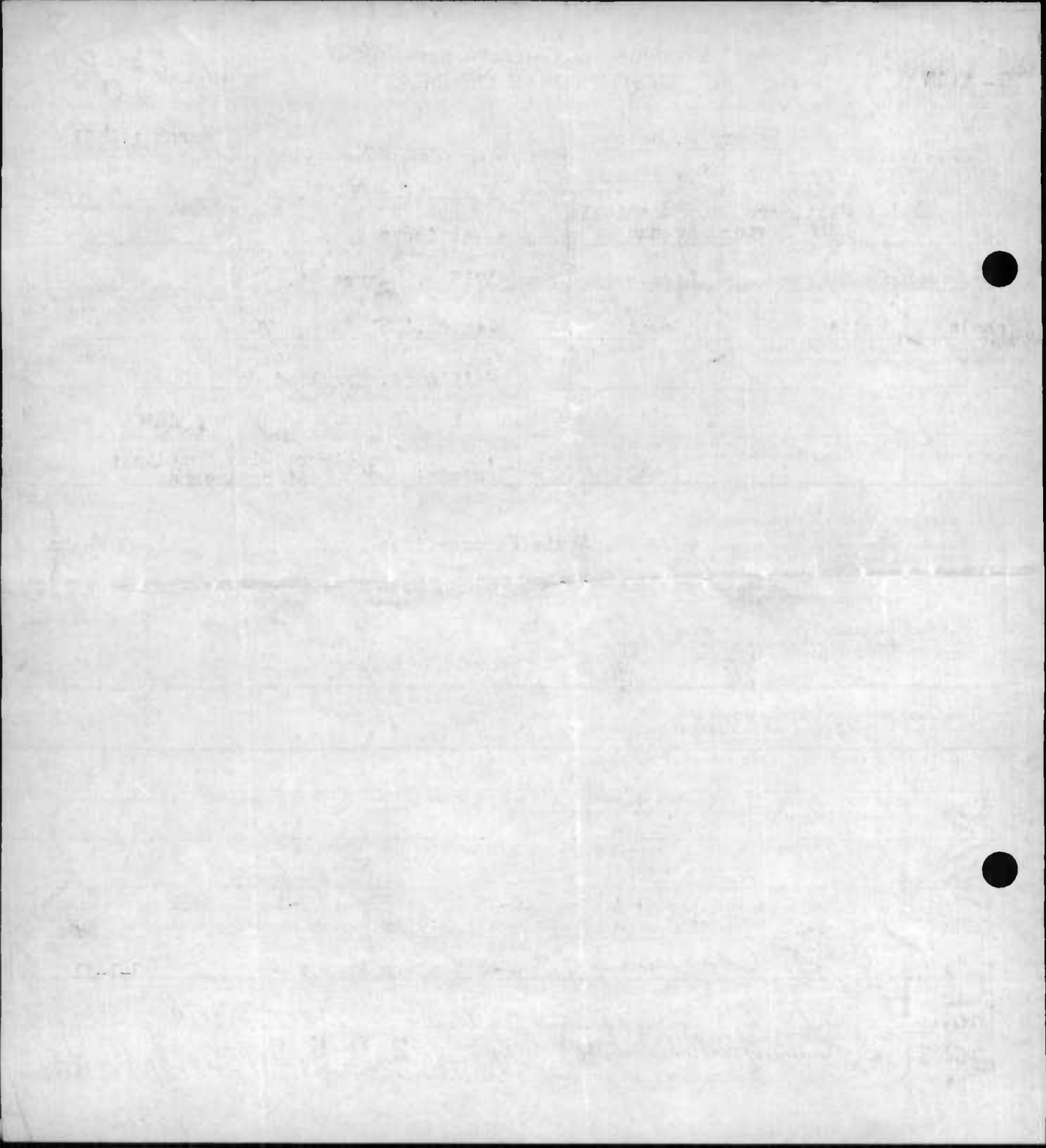
Registered No. 51 2062

1. NAME OF DECEASED (Type or Print) Mary M. Hess			2. DATE OF DEATH March 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1915 N. Monroe St. (14)			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1981		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? ?			14. MOTHER'S MAIDEN NAME ? ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-22-3552		
17. INFORMANT Baltimore City Hospitals			ADDRESS Records: 4940 Eastern Avenue		

18. 587.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Pancreatitis DUE TO (A) Acute Pancreatitis (B) (C) DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 Weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-1-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-26 , 19 50 to 3-1 , 1951, that I last saw the deceased alive on 3-1 , 19 51 and that death occurred at 9:05am , from the causes and on the date stated above.				
23A. SIGNATURE P. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/5/51	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAR 3-1951		25. FUNERAL DIRECTOR'S ADDRESS M. Faherty & Sons 401 SUFFOLK Rd.	



62 51 2063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2063

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CLAUDE		March 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
South Baltimore General Hospital		B. COUNTY	
5. LENGTH OF STAY IN BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
2		Baltimore 24-03	
6. SEX		D. STREET ADDRESS (If rural, give location)	
Male		125 Birkhead Ave.	
7. COLOR OR RACE		8. DATE OF BIRTH	
White		9. AGE (In years last birthday)	
SINGLE		about 35	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
FARMING		Carbo, VA.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
FARM HAND			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN		Edith LaForce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
Yes WWII			
17. INFORMANT		ADDRESS	
LEBANON FUNERAL HOME		LEBANON, VA.	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) Fracture of skull		
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B)		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
March 3, 1951		Struck		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
March 3, 1951		Struck		Gibbons Ave. & Belford A.A. Co. 52-00	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
March 3, 1951 11:30 P.m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Auto into telephone pole	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
Stanley H. Durlacher		ASSISTANT MEDICAL EXAMINER.....		March 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Carbo		Russell Co. Va.	
24E. DATE		24F. FUNERAL DIRECTOR		ADDRESS	
3-5-51		John O. Mitchell		1900 Eutaw Pl.	

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24E. DATE
3-5-51

24C. NAME OF CEMETERY OR CREMATORY
Carbo

24D. LOCATION (City, town, or county) (State)
Russell Co. Va.

24F. FUNERAL DIRECTOR
John O. Mitchell

ADDRESS
1900 Eutaw Pl.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 4 1951

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

1-803, 2

82010

170c

Item 21c Correctly phone to Medical Examiner's office 3/7/51 -
M. Amacker

51 2064

BALTIMORE CITY HEALTH DEPARTMENT

51 2064

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 2, 1950, to March 1, 1951, that I last saw the
deceased alive on Feb. 28, 1951, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

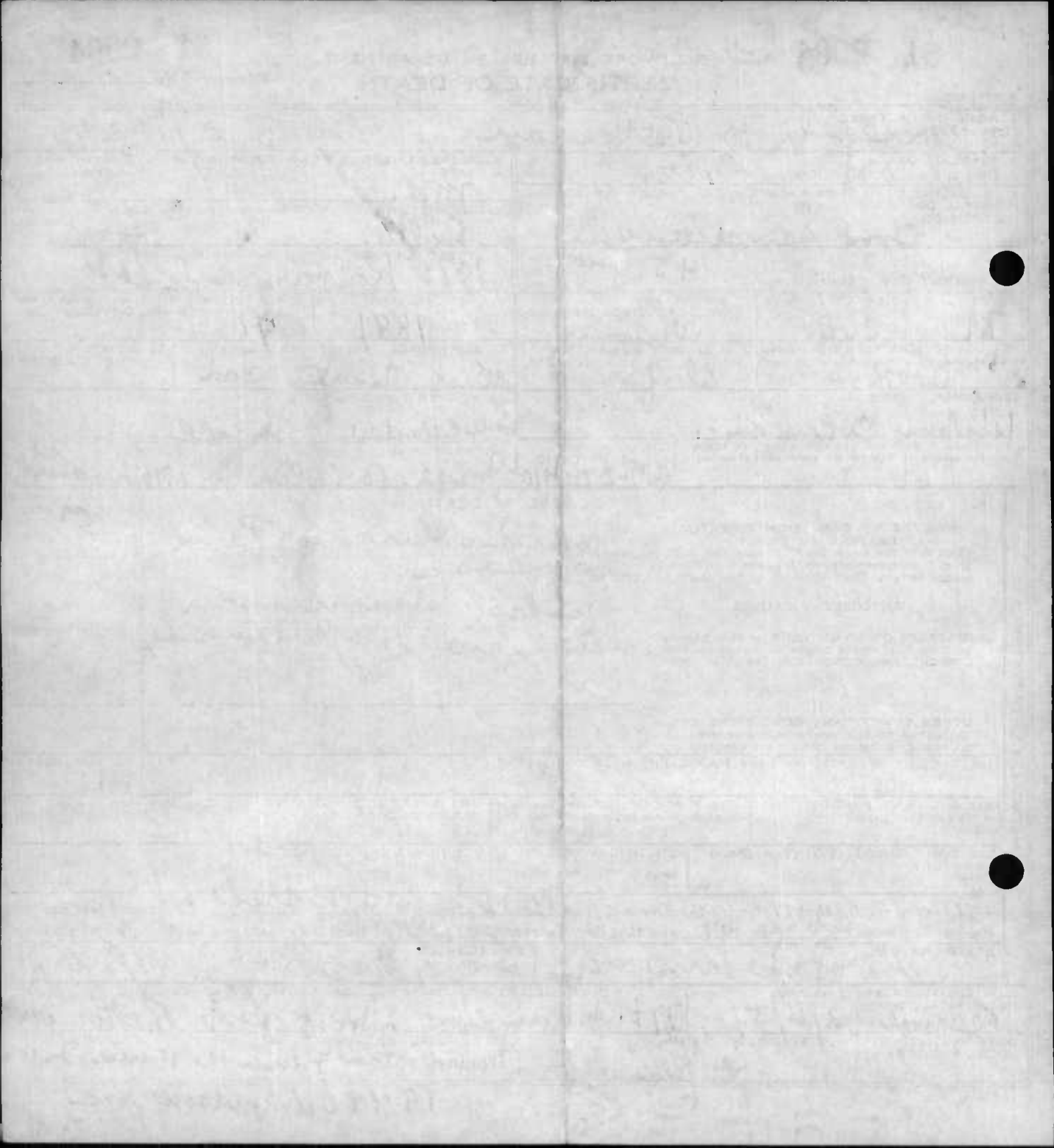
ADDRESS

MAR 4 - 1951

S 150

7546 M 1949 Edmondson Ave
131a

correct age is especially important. Physicians: please write the cause of death clearly and legibly.



51 2065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY BARNES

2. DATE
OF
DEATH

3-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

CARROLL

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 UNIVERSITY H.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sykesville

5600

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

7

Wks.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED
WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

5-13-1895

9. AGE (in years
last birthday)

34

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.N.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Louis Gorouch

14. MOTHER'S MAIDEN NAME

Alberta Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Hospital Records

18.

170x1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic carcinoma
CA of breast.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 2-23, 1951, to 3-1, 1951, that I last saw the
deceased alive on 3-1, 1951, and that death occurred at 4:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Storer

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3-1-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

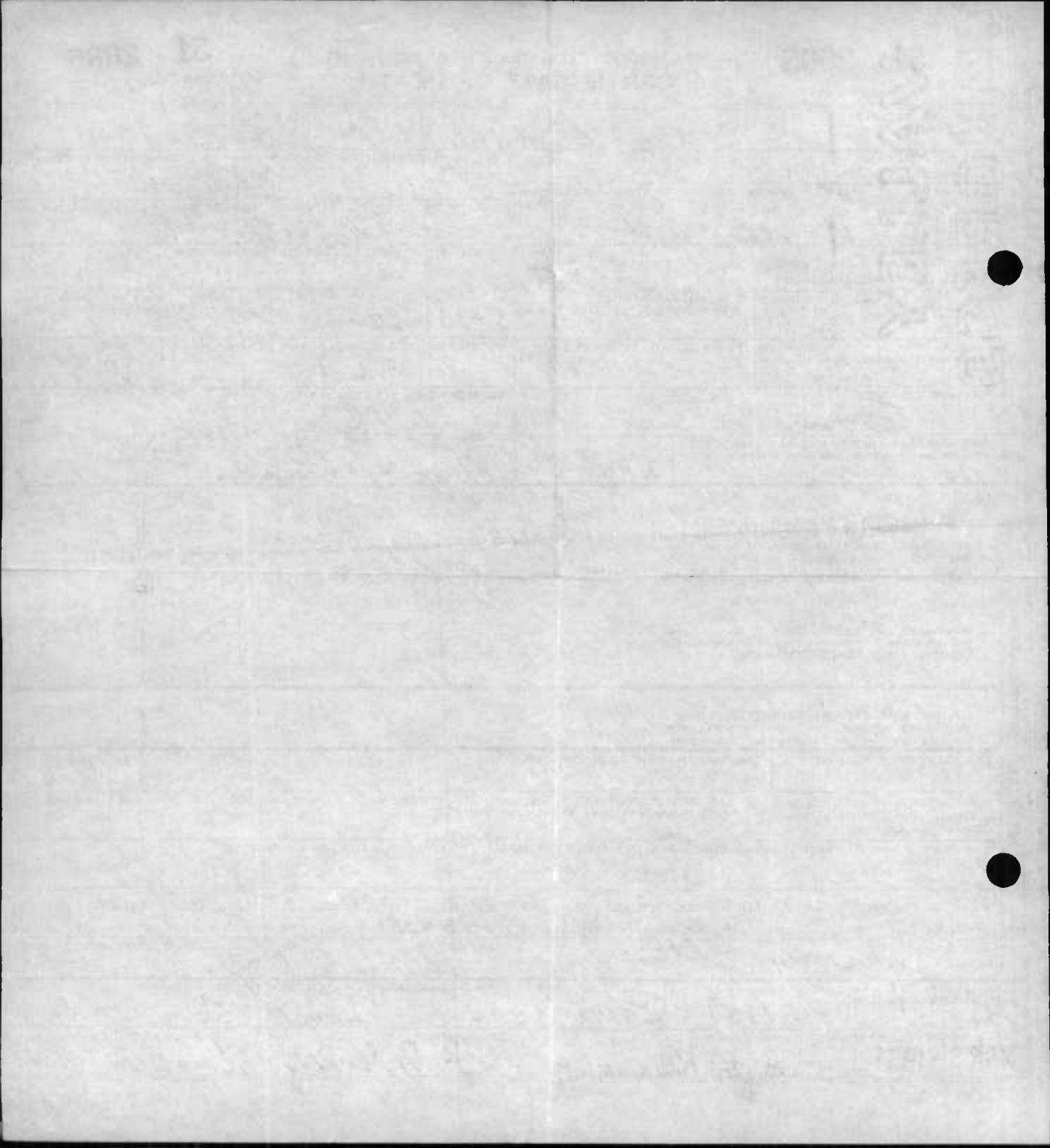
25. FUNERAL DIRECTOR

ADDRESS

MAR 3-1951

Wilmington Williams, M.D.

E. M. Waltz, Winfield, Md.



51 2066

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

51 2066

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDGAR

Lee

MILLER

2. DATE
OF
DEATH

March 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF ^{if not in hospital or institution, give street address or location}
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

309 S. Poppleton St.

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

year 1884

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Helper on truck Anheuser Busch Inc

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

John A. Miller

Brewery

14. MOTHER'S MAIDEN NAME

Bessie Hackett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mattie Resau 532 E. Fort Ave

18. E-816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull and neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Crushing injuries of chest

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Miller & Highland Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 2, 1951 abt. 6:15 P

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Deceased thrown
Truck and auto collision from truck22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Quinlan

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

D. Howard Evans 1400 S. Charles St

ADDRESS

VS 151

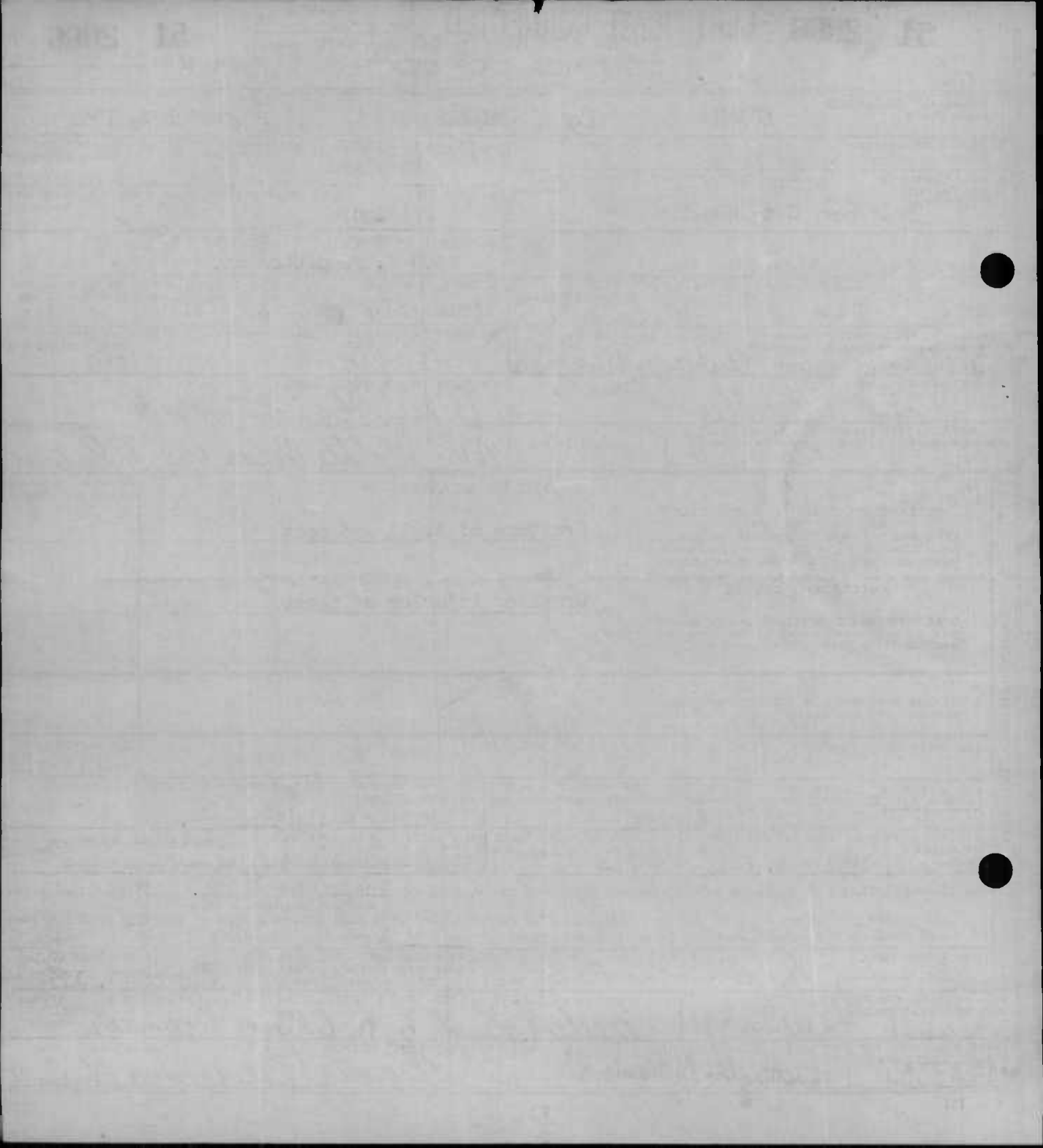
N-8042

97046

170C

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



215 51 2067

51 2067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William Buxbaum

2. DATE
OF
DEATHMar. 3rd 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2811 Violet Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2811 Violet Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

Oct 25, 1887

9. AGE (In years
last birthday)

63

Under 1 Year
Months: Days# Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA.

13. FATHER'S NAME

Herman Buxbaum

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-01-5707

17. INFORMANT

ADDRESS

Mrs. Reitha Weiner- 2811 Violet Avenue

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCardiac Failure due
Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Carcinoma of Tongue

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 14, 1951, to Mar 3, 1951, that I last saw the
deceased alive on Mar 3, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Herman Snyder

M. D.

1201 St. Paul St

3/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/4/51

24C. NAME OF CEMETERY OR CREMATORY

Shaarei Zion Cong. Rosedale Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1951

Huntington Williams, M.D.

Sol. Gennerson & Sons 1124-26 W. North
Avenue

Party

Esrah

Dans
or Perak

632 51 2068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2068
Registered No.

BIRTH NO. 51-04547

1. NAME OF DECEASED
(Type or Print)

MELISSA BETH SCHWARTZ

2. DATE
OF
DEATH

March 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. CITY OR TOWN

Baltimore - 15-27-16

D. STREET ADDRESS (If rural, give location)

4617 Reisterstown Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

February 26, 1951

9. AGE (in years last birthday)

H Under 1 Year
Months: Days
H Under 24 Hours
Hours: Min.

5 4 9

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Schwartz

14. MOTHER'S MAIDEN NAME

Rebeka Boris Ruth Rabinowitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 763.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, bilateral

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atelectasis

DUE TO

5 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 2-26, 1951, to 3-2, 1951, that I last saw the deceased alive on 3-2, 1951, and that death occurred at 10³⁵ P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Woman's Hospital

3-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-4-51

Rosedale

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

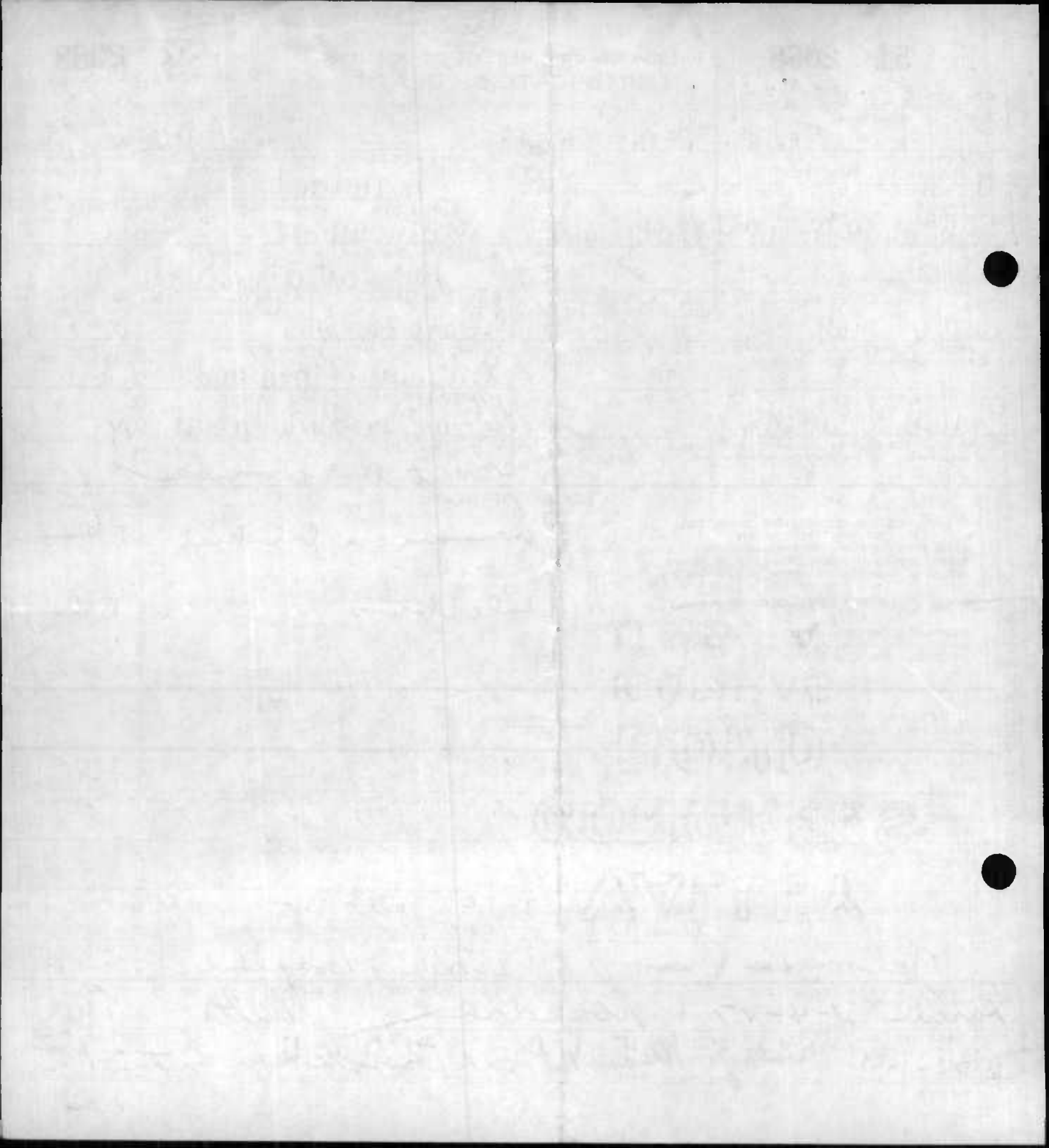
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1951

Huntington Williams, Inc. Jack Levine 52100 Eutaw Pl



100 51 2069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2069
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) William Joseph LOVE

2. DATE
OF
DEATH

March 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2202

township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION South Baltimore General Hospital

D. STREET ADDRESS (If rural, give location)

643 W. Barre St.

Length of stay in Baltimore 50 yrs.

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 19, 1882 68

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

On General

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Johnson 132 W. Hamburg

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

March 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 4-1951

REGISTRAR'S SIGNATURE

E. J. Williams

25. FUNERAL DIRECTOR

E. J. Williams

ADDRESS

1000 Bantley

VS 151

97099

931

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

450
51 2070BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2070
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Patrick F. Flynn

2. DATE
OF
DEATH

March 2-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1430 E. Fort Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Balto. City 24-01

D. STREET ADDRESS (If rural, give location)

1430 E. Fort Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired

8. DATE OF BIRTH

abt. 87

9. AGE (In years
last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick Flynn

14. MOTHER'S MAIDEN NAME

Bridget Gaughen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Margaret E. Flynn 1430 E. Fort Ave

ADDRESS

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Broncho Pneumonia

acute scarier

3 d.

6 mo

6 mo

4 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

Hemorrhage

(C)

Cholera

6 mo

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1951, to Mar 2, 1951, that I last saw the
deceased alive on Feb 1, 1951, and that death occurred at 5 am, from the causes and on the date stated above.

23A. SIGNATURE

Thomas S. Stevens

M. D.

23B. ADDRESS

2878 Hartford

23C. DATE SIGNED

3-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-5-1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 4-1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Flynn & Fleming 1476 Light St.

ADDRESS

0075

1

RECEIVED

RECEIVED

0075

1



20
51 2071BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2071

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT E. POCK

2. DATE
OF
DEATH

March 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Timmah Bate Co

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 12 1900

9. AGE (In years
last birthday)

50

10. Under 1 Year
Months: Days

9 22

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Taylor Harford, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry Edmore Pock

14. MOTHER'S MAIDEN NAME

Mary Priscilla Gladden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Pock Mark the end

18. E 816.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

RUPTURE OF LIVER

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

STREET

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 3, 1951 12:35 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Valley Rd, Manor road + Dulane, Baltimore County

21F. HOW DID INJURY OCCUR? Driver of truck

Collided with another truck at intersection

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher

M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-6-51

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Pikesville Harford Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 4 - 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr

25. FUNERAL DIRECTOR

Wm. G. Kurtz

ADDRESS

VS 151

N 864.0

10010

1702C

✓

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

1. The first part of the report is a general statement of the work done during the year. It is a summary of the work done by the various departments and branches of the service, and is intended to give a general idea of the progress of the service as a whole.

2. The second part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

3. The third part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

4. The fourth part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

5. The fifth part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

6. The sixth part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

7. The seventh part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

8. The eighth part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

9. The ninth part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

10. The tenth part of the report is a statement of the work done by the various departments and branches of the service. It is a summary of the work done by each of the departments and branches, and is intended to give a general idea of the progress of each of the departments and branches.

500

51 2072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2072

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Lillian K. Timm*2. DATE
OF
DEATH*3-3-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md*8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*38 University Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 8-05

D. STREET ADDRESS (If rural, give location)

2036 Cliffwood Ave

Length of stay in Baltimore

*52*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

*Jan. 27 1899*9. AGE (In years
last birthday)*52*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Clerk*10B. KIND OF BUSINESS OR
INDUSTRY*Railroad*

11. BIRTHPLACE (State or foreign country)

*Md*12. CITIZEN OF
WHAT COUNTRY?*US*

13. FATHER'S NAME

Harry J. Timm

14. MOTHER'S MAIDEN NAME

*Catherine Buckley*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Robert J. Thome 4 Upland Road*18. *723 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Meningioma*

DUE TO

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-26-51

19B. MAJOR FINDINGS OF OPERATION

Meningioma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-9*, 1951, to *3-3*, 1951, that I last saw the
deceased alive on *3-3*, 1951, and that death occurred at *6⁰⁰* A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Beaman

M. D.

23B. ADDRESS

Civil Harp Bldg Md

23C. DATE SIGNED

*3-3-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3/6/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

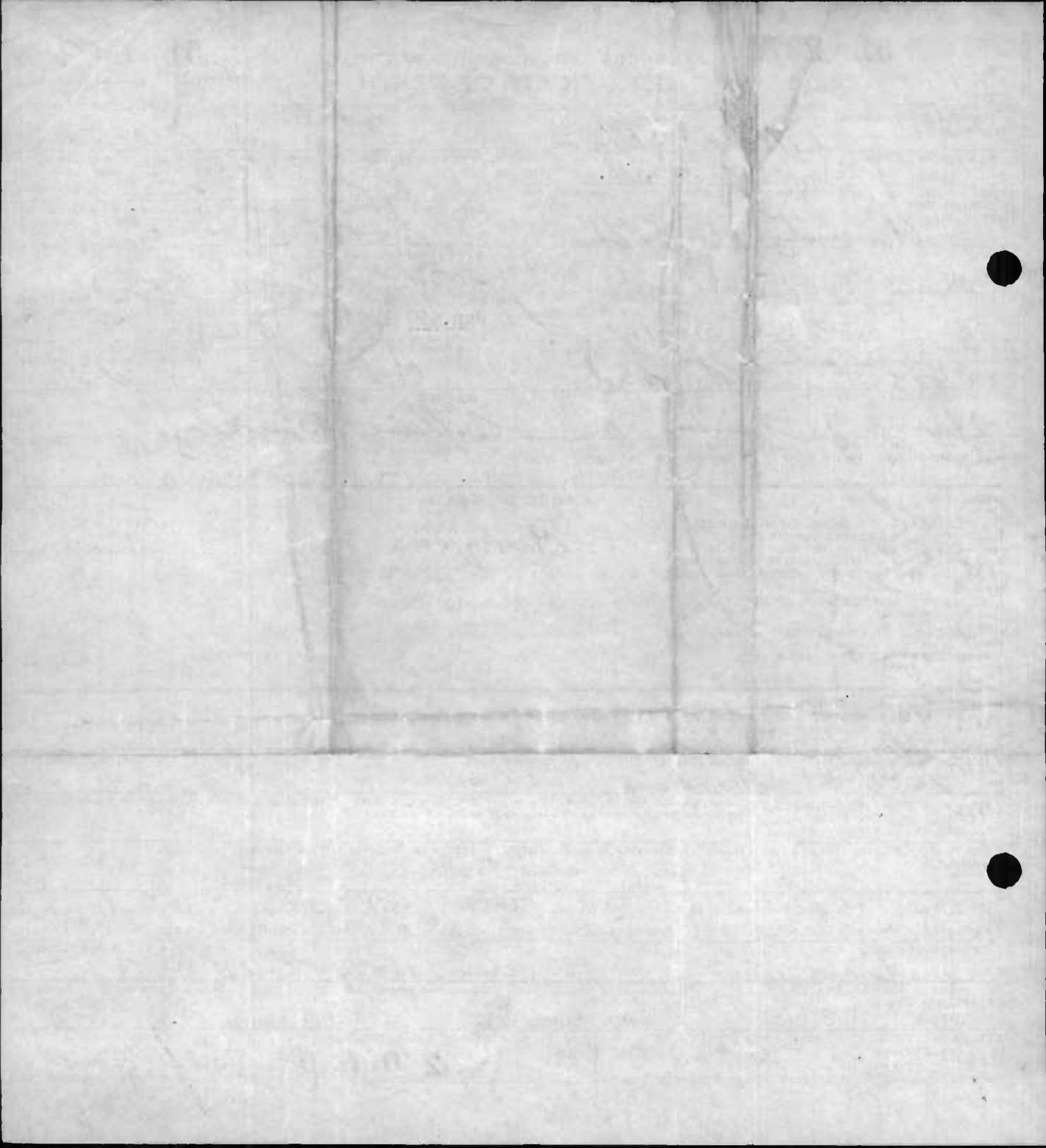
REGISTRAR'S SIGNATURE

Wilmington

25. FUNERAL DIRECTOR

ADDRESS

1622 N. 6th St. Baltimore, Md.



530
51 2073BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2073
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lida Virginia Bond		2. DATE OF DEATH 3/2/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 524 Orkney Road		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-48	
Length of stay in Baltimore 73 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 524 Orkney Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/9/1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George A. Kirk		14. MOTHER'S MAIDEN NAME Margaret McGee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Thomas Bond		ADDRESS 524 Orkney Road	

MEDICAL CERTIFICATION	18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Metastatic Carcinoma with Pulmonary Embolism DUE TO Carcinoma Breast Left.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		
	19A. DATE OF OPERATION 22 Oct 46		19B. MAJOR FINDINGS OF OPERATION Carcinoma with Metastatic Nodes		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from Oct , 1946 to 2 Mar, 1951 , that I last saw the deceased alive on 2 Mar 1951 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.				
	23A. SIGNATURE George A. Stivala		23B. ADDRESS 3301 N. Charles St. - 8		23C. DATE SIGNED 3 Mar 51
	24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/5/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount
	DATE RECEIVED BY LOCAL REGISTRAR MAR 4 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		25. FUNERAL DIRECTOR H. W. McLean, Son

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

On the ... day of ...

at the age of ...

years, ...

... died ...

at ...

... cause ...

... after ...

... hours ...

... minutes ...

... seconds ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> 51 2074 CERTIFICATE CORRECTED 10-18-51 51 2074 </div> <div style="display: flex; justify-content: center; align-items: center;"> BALTIMORE CITY HEALTH DEPARTMENT </div>				Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) MORTON L. BATES			2. DATE OF DEATH March 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New Jersey B. COUNTY V-27		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Room 112 Medical Arts Building			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Atlantic City		
D. STREET ADDRESS (If rural, give location) 268 South Connecticut Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1890	9. AGE (In years last birthday) 60 yrs	10. MONTHS 0 DAYS 0 HOURS 0 MIN. 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Norristown, Pa.	
12. CITIZEN OF WHAT COUNTRY? _____			13. FATHER'S NAME Charles Baird Bates		
14. MOTHER'S MAIDEN NAME Flora Hayes			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS _____		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERY SCLEROSIS DUE TO GENERALIZED ARTERIOSCLEROSIS DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
INTERVAL BETWEEN ONSET AND DEATH _____					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dureacher M.D.			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 4, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Pleasantville, Eng. Pleasantville, N. J.		24D. LOCATION (City, town, or county) (State) _____
DATE RECEIVED BY LOCAL REGISTRAR MAR 4 - 1951		REGISTRAR'S SIGNATURE Wm. J. Tichner		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichner & Son, North Pa. Ave.	

NOV 21 1954

SOVIET CERTIFICATE OF ORIGIN

WATKINS

CHRYSLER CREDIT CORP

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322
51 2075BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2075

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Joseph B. Stokes		2. DATE OF DEATH 2-28-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Balto.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		3121 Dillon Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto., Md. 1-01	
C. Length of stay in Baltimore		Life		D. STREET ADDRESS (If rural, give location) 3121 Dillon Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-10-86	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofers		10B. KIND OF BUSINESS OR INDUSTRY F. A. Taylor Co.		9. AGE (In years last birthday) 64	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Joseph B. Stokes	
14. MOTHER'S MAIDEN NAME Mary E.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Stokes		18. ADDRESS 3121 Dillon Street		19. DATE OF OPERATION None	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>Arteriosclerosis C.V. Disease</u>	INTERVAL BETWEEN ONSET AND DEATH Jan 21
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>Chronic Bronchial Asthma</u>	Jan 2/5
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) <u>Acute Myocardial Failure</u>	2-28-51

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 4-2, 1950, to Feb 28, 1951, that I last saw the deceased alive on 2-28, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE S. Schinaneck		23B. ADDRESS 8428 East Ave		23C. DATE SIGNED 2-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-5-51	24C. NAME OF CEMETERY OR CREMATORY Glen Haven	24D. LOCATION (City, town, or county) (State) Balto. Co. Md.		
DATE RECEIVED BY MAR 4 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR J. L. G. G. G.		ADDRESS 403 S. Wolfe Street	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

RE

TO DIRECTOR

FROM SAC, NEW YORK

SUBJECT: [Illegible]

RE

TO DIRECTOR

FROM SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible text in right column]

Very truly yours,
[Illegible Signature]

Special Agent in Charge

cc - [Illegible]

cc - [Illegible]

51 2076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2076

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard F. Lewis

2. DATE
OF
DEATH

MAR-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2522 W. Fairmount Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar-20-1884

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Motor-Brakefitter

10B. KIND OF BUSINESS OR
INDUSTRY

B.O. R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John T. Lewis

14. MOTHER'S MAIDEN NAME

Isora Duckworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice M. Lewis - Same

18.

592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Exacerbation of Chr.
Glomerulonephritis

DUE TO

2 wks.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27, 1950, to Mar 1, 1951, that I last saw the
deceased alive on Mar 1, 1951, and that death occurred at 6 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Mrs. M. J. Dr.

23B. ADDRESS

1933 W. Baile St

23C. DATE SIGNED

3/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F.S. FUNERAL DIRECTOR

ADDRESS

MAR 4-1951

VS 150

62750

1300 Entaw Pl. '17

MEDICAL CERTIFICATION

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-07-2001 BY 60322 UCBAW

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs and possibly a list or table structure.]

520
51 2077BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2077

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Milton Demski</i>		2. DATE OF DEATH <i>March 2/51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>1411 Reynolds St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24-01</i>	
D. STREET ADDRESS (If rural, give location) <i>1411 Reynolds St</i>		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 23/1909</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Longshoreman</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>41</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Martin Demski</i>		14. MOTHER'S MAIDEN NAME <i>H. Dziedzic</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mary Demski</i>		ADDRESS <i>1411 Reynolds St</i>	

18. <i>609X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Acute Cardis - Vascular Collapse</i> (A) DUE TO <i>operative Bilateral Nephrosomal</i> <i>pyelonephritis, due to traumatic</i> diverticulum of posterior urethra (B) DUE TO <i>Traumatic incontinence</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>acute</i> <i>6 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Anaesthetic Dysentery</i>	

19A. DATE OF OPERATION <i>Jan. 17, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Traumatic diverticulum of posterior urethra</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb-10*, 19*51*, to *March 2*, 19*51*, that I last saw the deceased alive on *March 2*, 19*51*, and that death occurred at *1201* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Carol J. Stimples</i>	23B. ADDRESS <i>500 V E Pratt St</i>	23C. DATE SIGNED <i>2/4/51</i>
--	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 6/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Globy Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore A</i>
--	--------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Fred W. Dziedzic</i>	ADDRESS
----------------------------------	---	---	---------

MAR 5 - 1951

VS 150

940 55 1930 E Adams Ave.

136 B

NOT A

CASE

Robert Fisher M.D.

CHIEF OR ASST. MEDICAL EXAMINER

51 2078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2078
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIA Vaiswillla

2. DATE
OF
DEATH

MARCH 1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

632 PORTLAND ST.

C. Length of stay in Baltimore

42

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10. USUAL OCCUPATION (Give kind of
occupation most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Tailoring

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Charles Winfield 632 Portland St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial degeneration 3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Hypertension 3 years
Cardiovascular Disorder

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1951, to March 1, 1951, that I last saw the
deceased alive on March 1, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Mueck Jr.

23B. ADDRESS

1227 Wark Blvd

23C. DATE SIGNED

3-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 5/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

Baltimore, Anne Arundel Co

DATE RECEIVED BY
LOCAL REGISTRAR

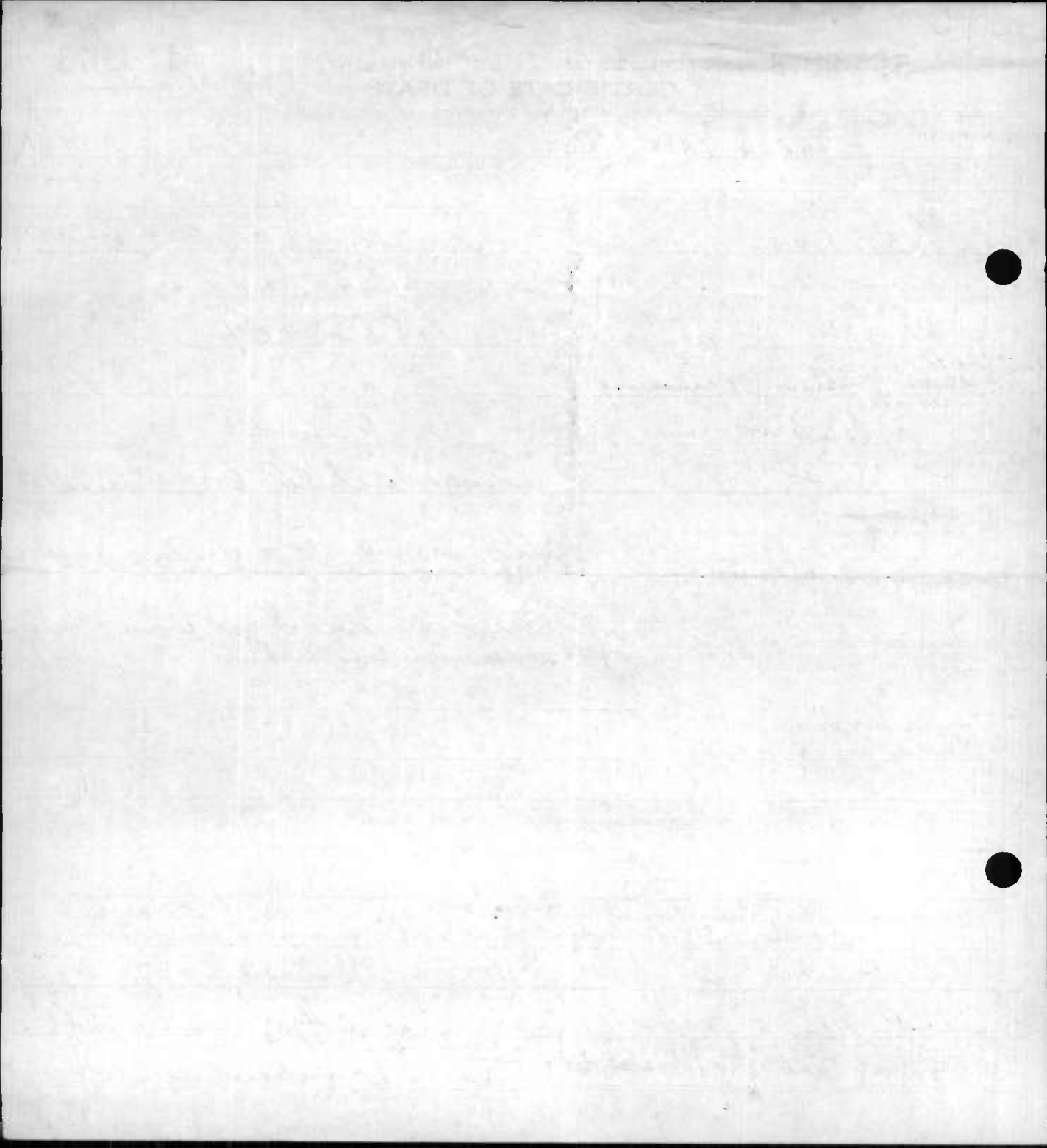
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Charles W. Jacobson 103 McHenry St

MAR 5-1951



200
51 2079BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2079
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Delia Kaiss</u>			2. DATE OF DEATH <u>March 2, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>601 E. Randall Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>24-04</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>601 E. Randall St.</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 8, 1868</u>	9. AGE (In years last birthday) <u>83</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>attendant-restroom</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Sugar Refinery</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Thomas Curley</u>			14. MOTHER'S MAIDEN NAME <u>Mary Moran</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT <u>Mrs. Eisel 601 E. Randall St.</u>			ADDRESS		

18. 443X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

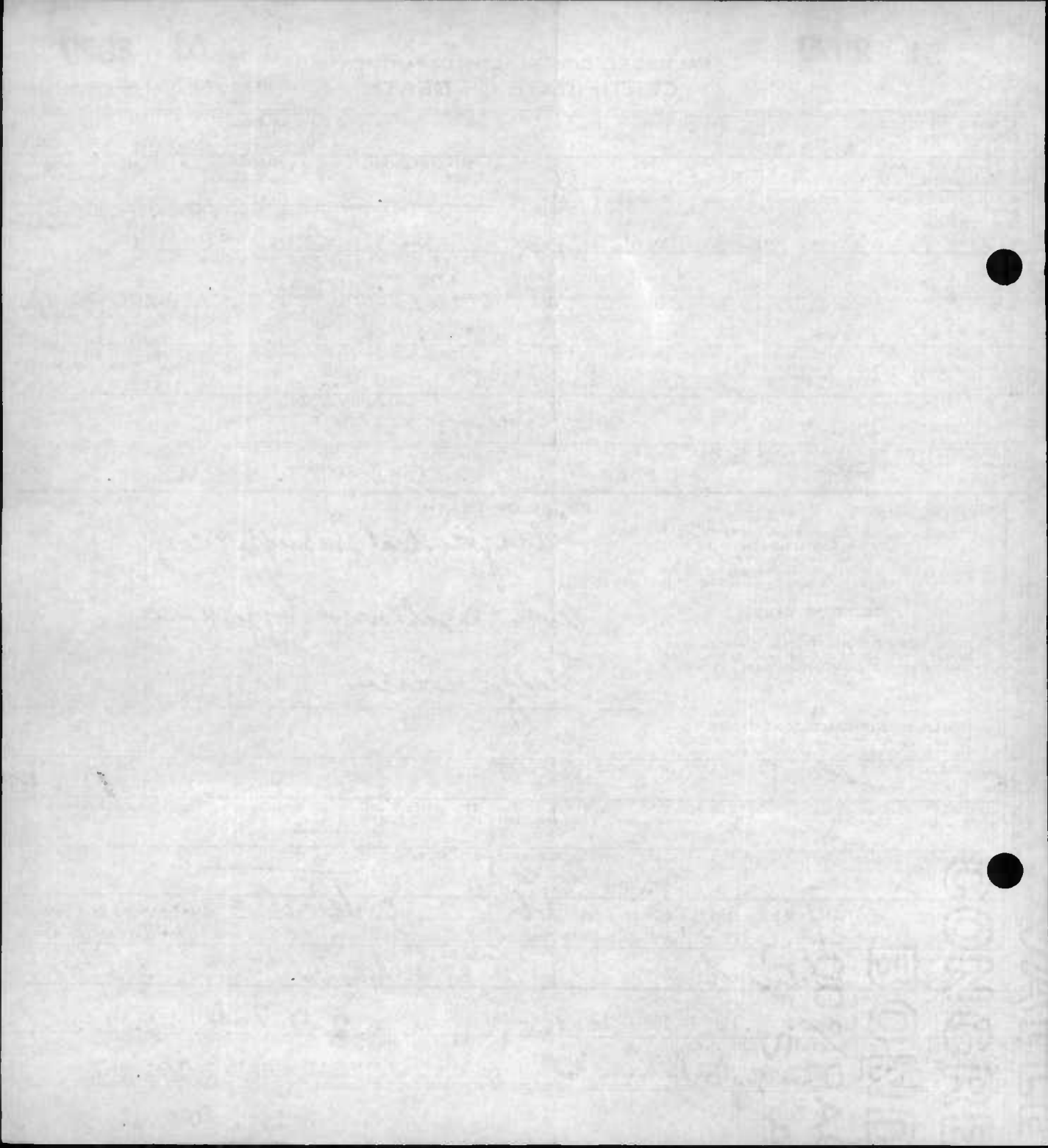
(A) Myocardial Insufficiency
DUE TO

(B) Atherosclerosis, Hypertension
DUE TO

(C) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 19 <u>51</u> , to <u>March 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/1</u> , 19 <u>51</u> , and that death occurred at <u>5</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>John G. Scherensch</u>		23B. ADDRESS <u>1337 S. Charles St.</u>		23C. DATE SIGNED <u>3/3/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar. 5, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. FUNERAL DIRECTOR <u>KRAUSE FUNERAL HOME-1216S. Charles St.</u>		24F. ADDRESS	



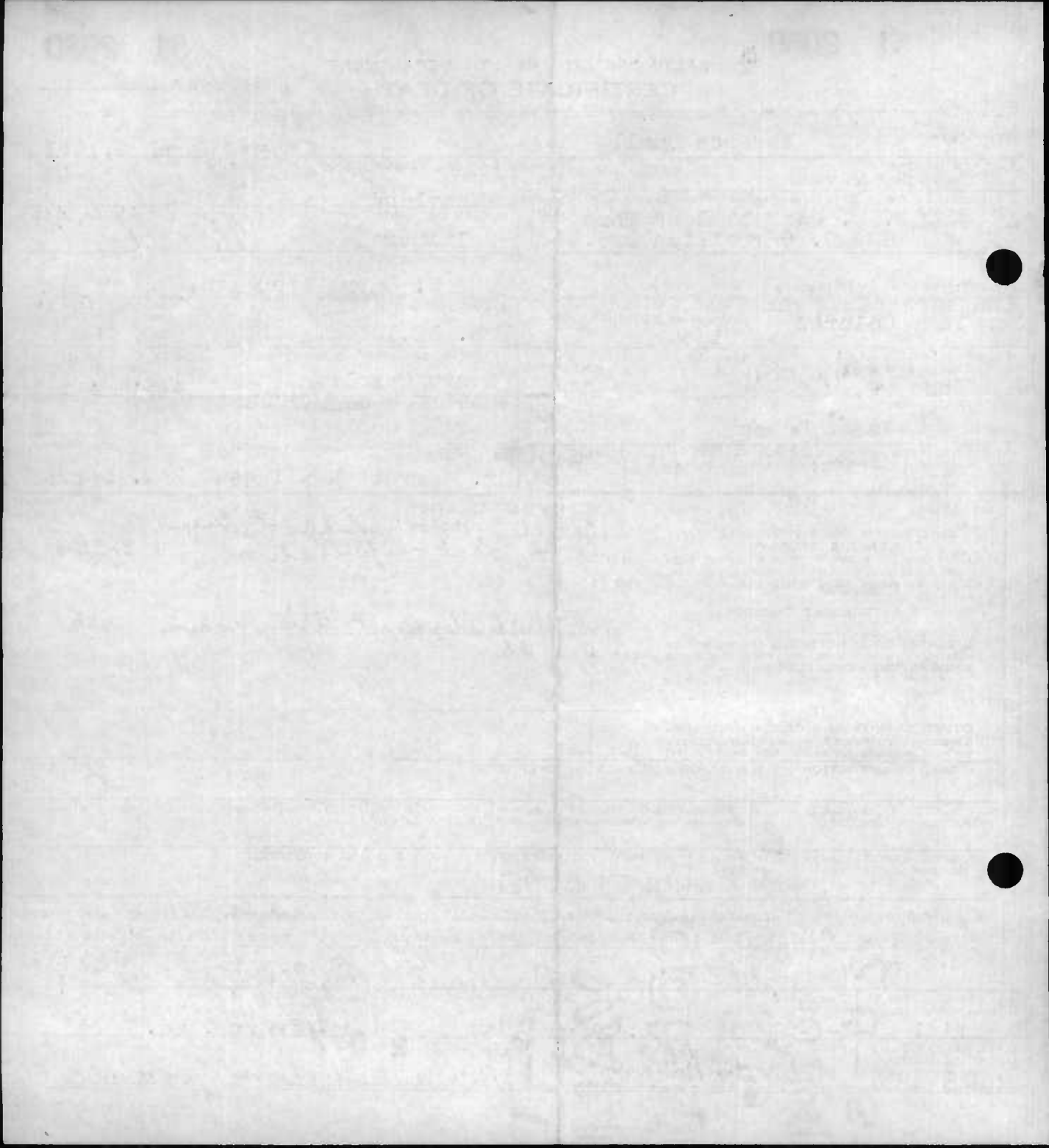
540
51 2080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2080

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Florence Small		2. DATE OF DEATH March 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION N. M. Carroll Aged Home 822 N. Carrollton Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 822 N. Carrollton Ave.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 12, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME Isaac Dayes		14. MOTHER'S MAIDEN NAME Martha Cook	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Garrett Rawlings		ADDRESS 822 N. Carrollton Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443 X Acute Myocardial Failure & Deкомпensation CAUSE OF DEATH (A) DUE TO Hypertension & Arteriosclerosis (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3/2/51 2/2/51	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 2 , 19 51 , to March 2 , 19 51 , that I last saw the deceased alive on Feb 24 , 19 51 , and that death occurred at 8:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Howell come		23B. ADDRESS 1131 Harker Ave	
23C. DATE SIGNED 3/3/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-5-51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, Md.	
24G. FUNERAL DIRECTOR W. H. Hensley		ADDRESS 572 W. Biddle St.	



652
51 2081BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2081
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT AARONSON

2. DATE
OF
DEATH3.3.1951 8⁰⁵ P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Doctors Hospital, Baltimore4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-12D. STREET ADDRESS (If rural, give location)
2475 Shirley Ave

E. Length of stay in Baltimore All life Yrs. Mos. Days

5. SEX
M6. COLOR OR RACE
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 4, 1903

9. AGE (In years last birthday)

47

10. Under 1 Year Months Days

11. Under 24 hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cutter10B. KIND OF BUSINESS OR INDUSTRY
Furniture11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF WHAT COUNTRY?
USA13. FATHER'S NAME
Louis Aaronson14. MOTHER'S MAIDEN NAME
Esther —15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Hattie Aaronson 2475 Shirley Ave

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO Thrombosis of coronary artery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.1 1951, to 3.3 1951, that I last saw the deceased alive on 3.3 1951, and that death occurred at 8⁰⁵ P.M., from the causes and on the date stated above.23A. SIGNATURE
Louis Aaronson23B. ADDRESS
M. O. 2730 N. Chase23C. DATE SIGNED
3/3/5124A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
3/5/5124C. NAME OF CEMETERY OR CREMATORY
Hebrew Herring Run Cemetery24D. LOCATION (City, town, or county) (State)
Baltimore, MarylandDATE RECEIVED BY LOCAL REGISTRAR
MAR 5 - 1951REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
Sal. HarrisonADDRESS
1124-26 W. North Avenue

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

ALBERT AARONSON

Box 100
New York, N.Y.

Dear Sir:

My name is Albert Aaronsen

and I am writing you

because

you are the only one who

1

51 2082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2082
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lavinia Broton

2. DATE
OF
DEATH

3-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

636 N. Gilmore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-03

D. STREET ADDRESS (If rural, give location)

636 N. Gilmore St.

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 15, 1865 85

9. AGE (in years
last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Belle Wilson 636 N. Gilmore

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Degeneration 26 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio-Vascular Disease 34 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Robert B. McEadden

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

3-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-6-51

24C. NAME OF CEMETERY OR CREMATORY

Cherry Chapel

24D. LOCATION (City, town, or county)

West River, Md.

(State)

DATE RECEIVED BY REGISTAR

MAR 5 - 1951

REGISTAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Frances C. Hendley

ADDRESS

578 W. Biddle St.

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text appears to be a certificate of death, mentioning names and dates.]

610
51 2083BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2083
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Henrietta Harp.,

2. DATE
OF
DEATH

3/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2611 E. Madison Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7-02

D. STREET ADDRESS (If rural, give location)

2611 E. Madison Street

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOW

8. DATE OF BIRTH

Dec 13, 1873

9. AGE (In years
last birthday)

77

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

Beulah May Diggs 2611 E. Madison Street

ADDRESS

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)Aue to Myocarditis
Arteriosclerosis
Heart disease

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12/50, 19__, to 3/1/51, 19__, that I last saw the deceased alive on 3/1/51, 19__, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county) (State)

Greenmount Ave. Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

L. H. Williams, Jr.

Schimunek Funera Home

2601-03-05 E. Madison Street

1900

10

DEPARTMENT OF HEALTH
OFFICE OF THE
COMMISSIONER

1900

10

NAME

AGE

7

SEX

DATE

TIME

PLACE

CAUSE

SIGNATURE

TESTIMONY

WITNESSES

DOCTOR

PHYSICIAN

MINISTER

CHURCH

TEMPLE

SYNAGOGUE

MOSQUE

OTHER

PLACE

DATE

TIME

PLACE

CAUSE

SIGNATURE

TESTIMONY

WITNESSES

DOCTOR

PHYSICIAN

MINISTER

CHURCH

TEMPLE

SYNAGOGUE

MOSQUE

OTHER

PLACE

DATE

TIME

PLACE

CAUSE

SIGNATURE

TESTIMONY

WITNESSES

DOCTOR

PHYSICIAN

MINISTER

CHURCH

TEMPLE

SYNAGOGUE

MOSQUE

OTHER

PLACE

DATE

TIME

PLACE

CAUSE

SIGNATURE

TESTIMONY

WITNESSES

DOCTOR

PHYSICIAN

MINISTER

CHURCH

TEMPLE

SYNAGOGUE

MOSQUE

OTHER

PLACE

550
51 2084BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2084
Registered No.

BIRTH NO. 51-04588

1. NAME OF DECEASED
(Type or Print)

SIMON, Baby girl

2. DATE
OF
DEATH

3-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3-1-51

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE SIMON

14. MOTHER'S MAIDEN NAME

MARY K. SCHAFFER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Osteitis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to March 4, 1951, that I last saw the
deceased alive on March 1, 1951, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Amick

M. D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

3/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-5-51

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEM

24D. LOCATION (City, town, or county)

A. A. Co

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

B. Williams

25. FUNERAL DIRECTOR

Bernard G. Hule 121 E. West St

ADDRESS

1900

1901

CERTIFICATE OF DEATH

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

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1931

1932

120 51 2085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2085
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

L.

DAVIS

2. DATE
OF
DEATH March 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. Virginia

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Richmond

D. STREET ADDRESS (If rural, give location)

918 West Clay Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 5, 1928

9. AGE (In years
last birthday)

22

If Under 1 Year
Months: Days

3 27

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Waverly, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilber Davis

14. MOTHER'S MAIDEN NAME

Maggie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

1951

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Rec. Dept. Fort Geo. Meade, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Internal hemorrhage due to rupture of spleen

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple fractures of extremities

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

U.S. Rt. #1-Harward-Howard County 6300

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 1, 1951 12:40 A.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and tractor-trailer collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunslocher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/6/51

24C. NAME OF CEMETERY OR CREMATORY

National

24D. LOCATION (City, town, or county) (State)

Richmond, Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5-1951

REGISTRAR'S SIGNATURE

Kathington Williams, M.D.

25. FUNERAL DIRECTOR

Charles R. Law, 302 Madison Ave.

ADDRESS

VS 151

N828.2

170c

correct age is especially important. Physicians: please write the causes of death clearly and fully.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

262
51 2086BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2086

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or print)2. DATE
OF
DEATH

3. 2. 57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

If not in hospital or institution, give street address or location

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/57, 19, to 3/2/57, 19, that I last saw the
deceased alive on 3/2/57, 19, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

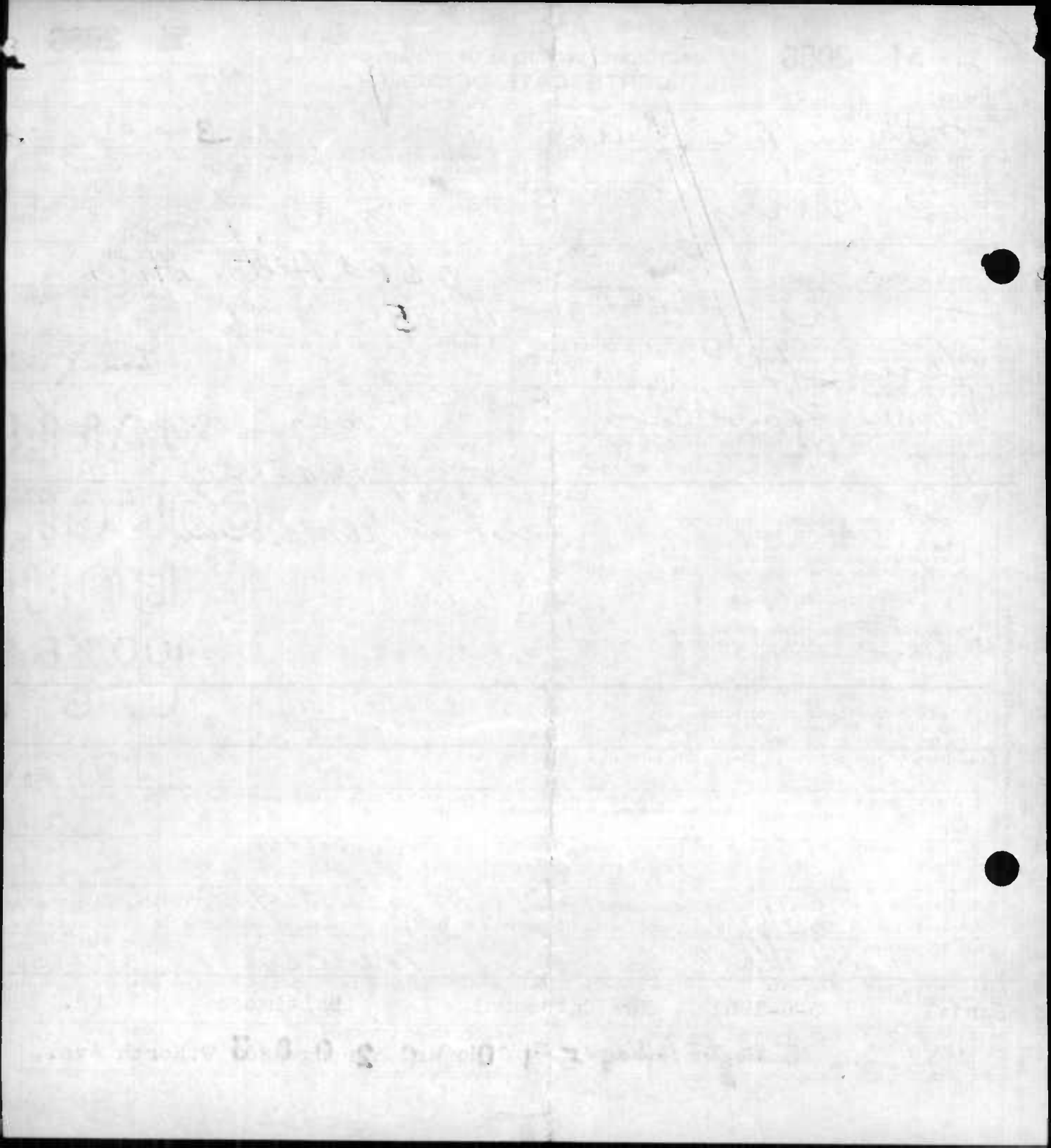
ADDRESS

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

93D



500

51 2087

VANE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 2087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VANE Max Edgar. L. (Senior)

2. DATE OF DEATH

MARCH 2 1957

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 142.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
CARCINOMA TOSIS
(A) DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) ADENO CARCINOMA OF SALIVARY GLAND - L PAROTID
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
INTERVAL BETWEEN ONSET AND DEATH
15 MONTHS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 10th, 1957, to MARCH 2, 1957, that I last saw the deceased alive on MARCH 1, 1957, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE
M. D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAILED 5-1951

G. Howard Strong 3207 W. North Ave.,

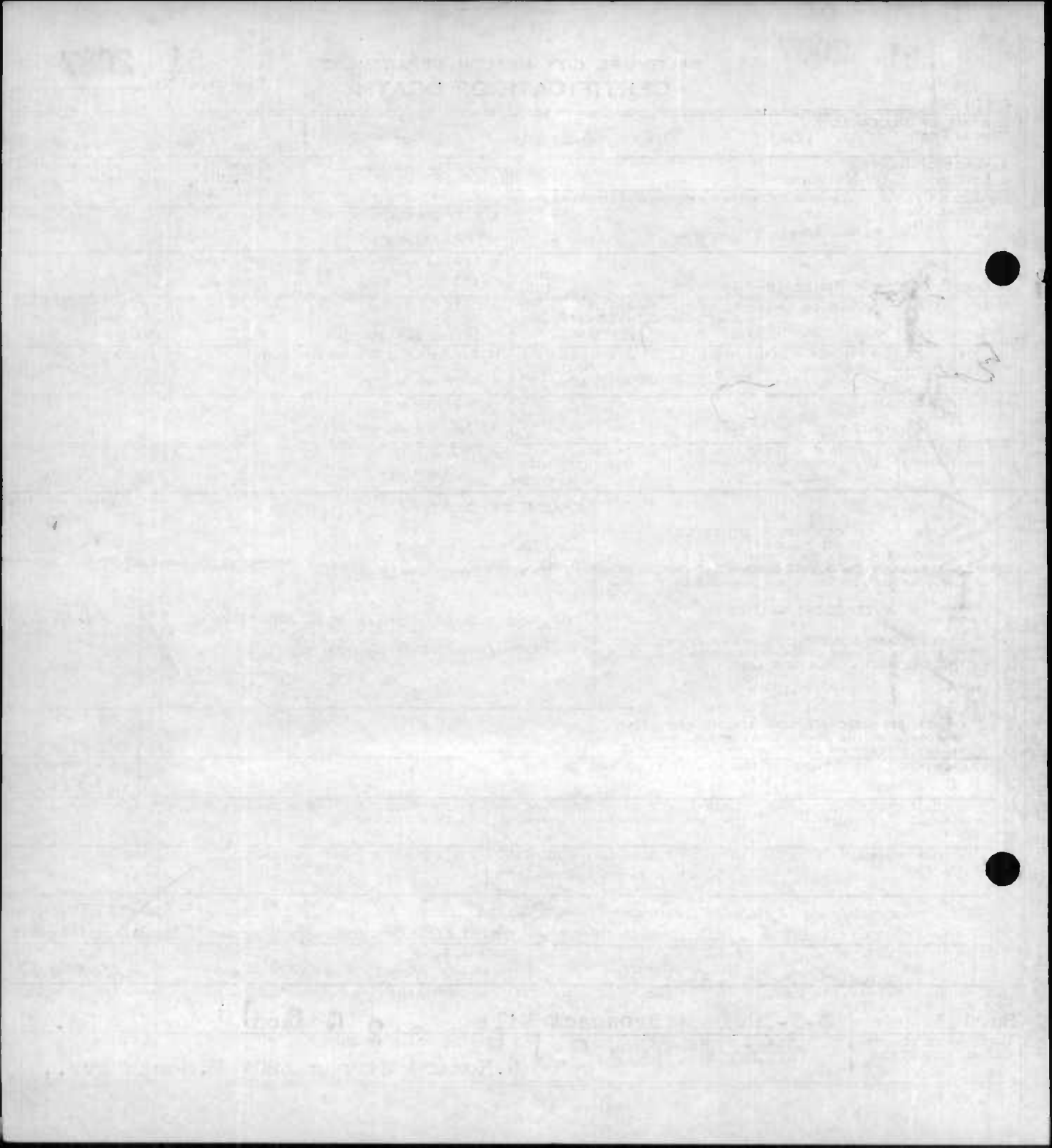
VS 150

2906A

55E

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



250
51 2088BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2088
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA M. VAUGHN

2. DATE
OF
DEATH

March 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Woodlawn

D. STREET ADDRESS (If rural, give location)

Johnny Cake Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

May 31, 1899

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.J.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry E. Huff, Sr.

14. MOTHER'S MAIDEN NAME

Jennie Barnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS R.D.#3

Mrs. Nellie M. Heimpel Easton, Pa.

18.

I E 824.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

ROUTE 40, JOPPA, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb 27 1951 A.M.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR? DRIVER OF CAR

THAT WENT OUT OF CONTROL - THROWN TO STREET

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 4, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-7-1951

24C. NAME OF CEMETERY OR CREMATORY

Phillipsburg

24D. LOCATION (City, town, or county)

Phillipsburg

N.J.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 151

N 803.2

170C ✓

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

620
51 2089BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2089
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Margaret Elizabeth Voris*2. DATE
OF
DEATH*3/4/51*3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION *Union Memorial Hosp*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Balto

C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

*8062 Roslyn Ave**5200*

Length of stay in Baltimore

60yrs

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M*

8. DATE OF BIRTH

*Oct 25, 1879*9. AGE (in years
last birthday)*71 yrs*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Pennsylvania*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Christian Breuneman

14. MOTHER'S MAIDEN NAME

*Lisabella Matthies*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*none*

17. INFORMANT

ADDRESS

*Luther C. Voris- 8062 Roslyn Ave.-6*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary thrombosis**3 days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/2/51*, 19__, to *3/4/51*, 19__, that I last saw the
deceased alive on *March 4, 1951*, and that death occurred at *8:45 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Shed S. Nelson

M. D.

23B. ADDRESS *Union Memorial Hospital**Baltimore, Md.*

23C. DATE SIGNED

*Mar 4, 1951*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*burial*

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Henry Sander & Sons, Inc.

HENRY SANDER & SONS, INC.

BALTO. B. MD

ADDRESS

Specie S. Hill

CHS 15

UNITED STATES DEPARTMENT OF AGRICULTURE

CHS 15

[Faint, illegible text, likely bleed-through from the reverse side of the page]

236
51 2090BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2090
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGIE ETHEL NACHTER		2. DATE OF DEATH Mar. 1. 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1750 E. 25th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 13	
6. Length of stay in Baltimore 40 yrs		D. STREET ADDRESS (If rural, give location) 1750 E. 25th St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 11. 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Harford County, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Lowe		14. MOTHER'S MAIDEN NAME Lucetta Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Lewis L. Nachter (Husband)		ADDRESS 1750 E. 25th St.	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH circulosis of Liver Confirmed by biopsy.		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ascites			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Biopsy of liver - cirrhosis	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 to 3/1 , 19 51 , that I last saw the deceased alive on 3/1 , 19 50 , and that death occurred at 7 P. m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 4090 N. Charles St.	
23C. DATE SIGNED 3/2/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 5. 1951	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 5-1951		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR CHERRY SANDER & SONS, INC.		ADDRESS Baltimore Md.	

12

12

12

12

12

12

240
51 2091BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2091

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) HENRY WEIGLE2. DATE
OF
DEATH Mar. 2, 19513. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
US Marine Hospital
Wyman Pk. Drive & 31st St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-08D. STREET ADDRESS (If rural, give location)
2112 Harford Avenue

Length of stay in Baltimore Life

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
8/16/769. AGE (In years
last birthday)
74If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired10B. KIND OF BUSINESS OR
INDUSTRY
Civil Service11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?
USA13. FATHER'S NAME
John Weigle14. MOTHER'S MAIDEN NAME
Hannah Weigle15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) Yes(If yes, give war or dates of service)
SAW - USA16. SOCIAL
SECURITY NO.
None17. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md.18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
337X

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Encephalomalacia due to cerebral
arteriosclerosis
DUE TOInterval Between
Onset and Death
Unknown(B) Cardiac hypertrophy due to hyper-
tension
DUE TO
(C)

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1951, to Mar. 2, 1951, that I last saw the
deceased alive on Mar. 2, 1951, and that death occurred at 8:50 A.M., from the causes and on the date stated above.23A. SIGNATURE
John L. Wilson, Medical Director23B. ADDRESS
US Marine Hospital, Balto, Md.23C. DATE SIGNED
3/2/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/5/51

Moreland Memorial Cemetery Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR
MAR 5 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTO., MD.

1008

1900

[Faint, illegible text, likely bleed-through from the reverse side of the page]

-460
51 2092BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2092

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Amelia P Miller</i>		2. DATE OF DEATH <i>March 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>10-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1223 Milcox ST</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>1223 Milcox ST</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr 24, 1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	10. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>
13. FATHER'S NAME <i>Christian F Hoch</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>Edwin B Miller, 1223 Milcox ST</i>	

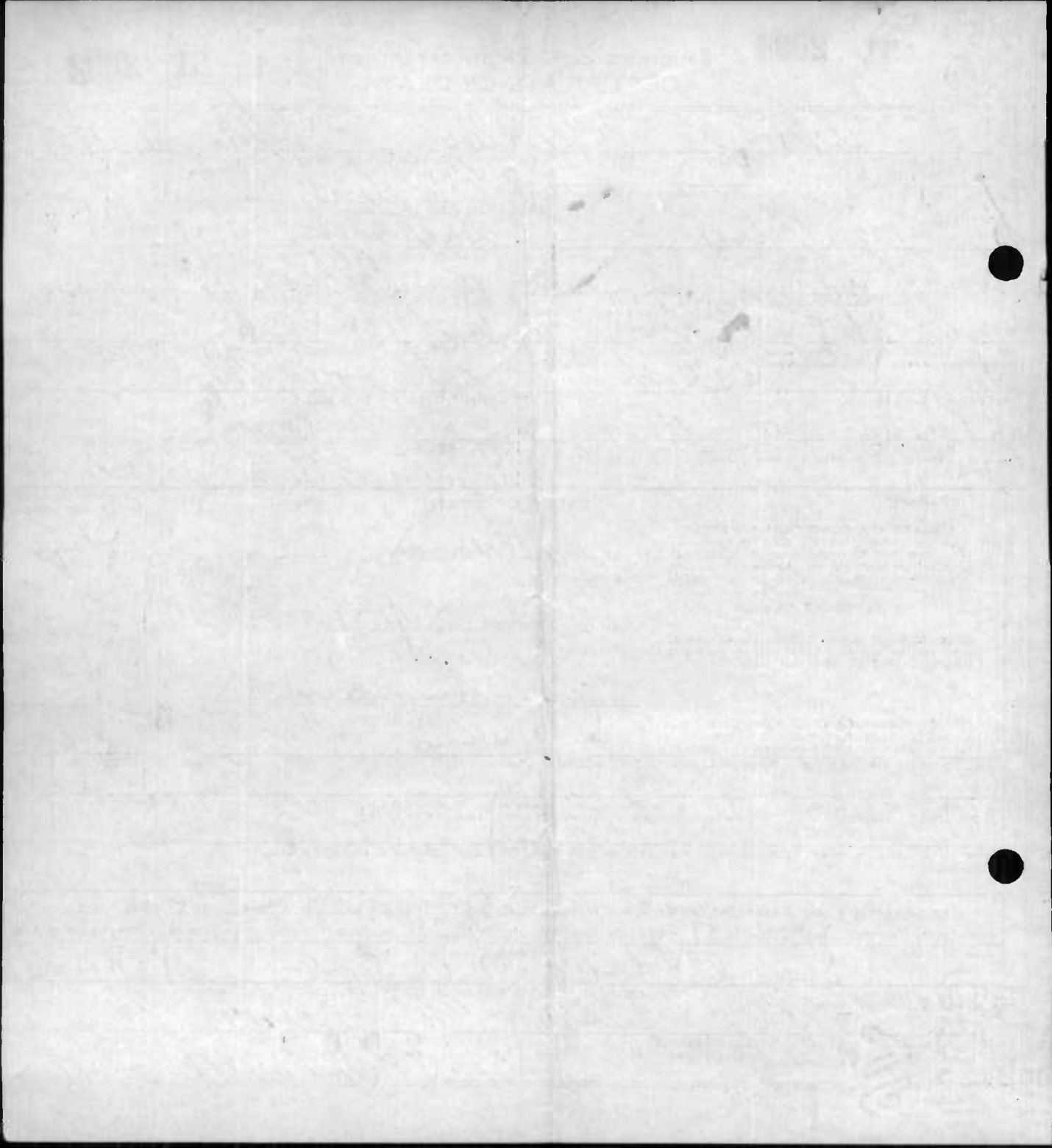
18. <i>592X and 174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Krimia</i> DUE TO <i>chr. nephritis</i> DUE TO <i>arteriosclerosis</i> DUE TO <i>ca of uterus</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i> <i>?</i> <i>?</i> <i>?</i>
---	----------------	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *23 Jan, 1951*, to *2 March, 1951*, that I last saw the deceased alive on *2 March 1951*, and that death occurred at *7 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Samuel J. [illegible]</i>	23B. ADDRESS <i>71 E. [illegible]</i>	23C. DATE SIGNED <i>3 March</i>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Md</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5 - 1951</i>		25. FUNERAL DIRECTOR <i>[illegible]</i>	



33051 2093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2093

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARDEN STOUT

2. DATE
OF
DEATH

3-2-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 University

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Carroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westminster

D. STREET ADDRESS (If rural, give location)

Route #4 5600

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7/11/1905

9. AGE (In years,
last birthday)

45

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done, whether seasonal, or retired)10b. KIND OF BUSINESS OR
INDUSTRY

Shipyard worker Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

A. D. Stout

14. MOTHER'S MAIDEN NAME

M. A. Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-07-3292

17. INFORMANT

ADDRESS

Ordie Stout Rm 4 Westminster Md.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1951 to 3-2, 1951, that I last saw the
deceased alive on 3-2, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Demarest

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

St Pauls 5th Reformed Church

24D. LOCATION (City, town, or county)

Local

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

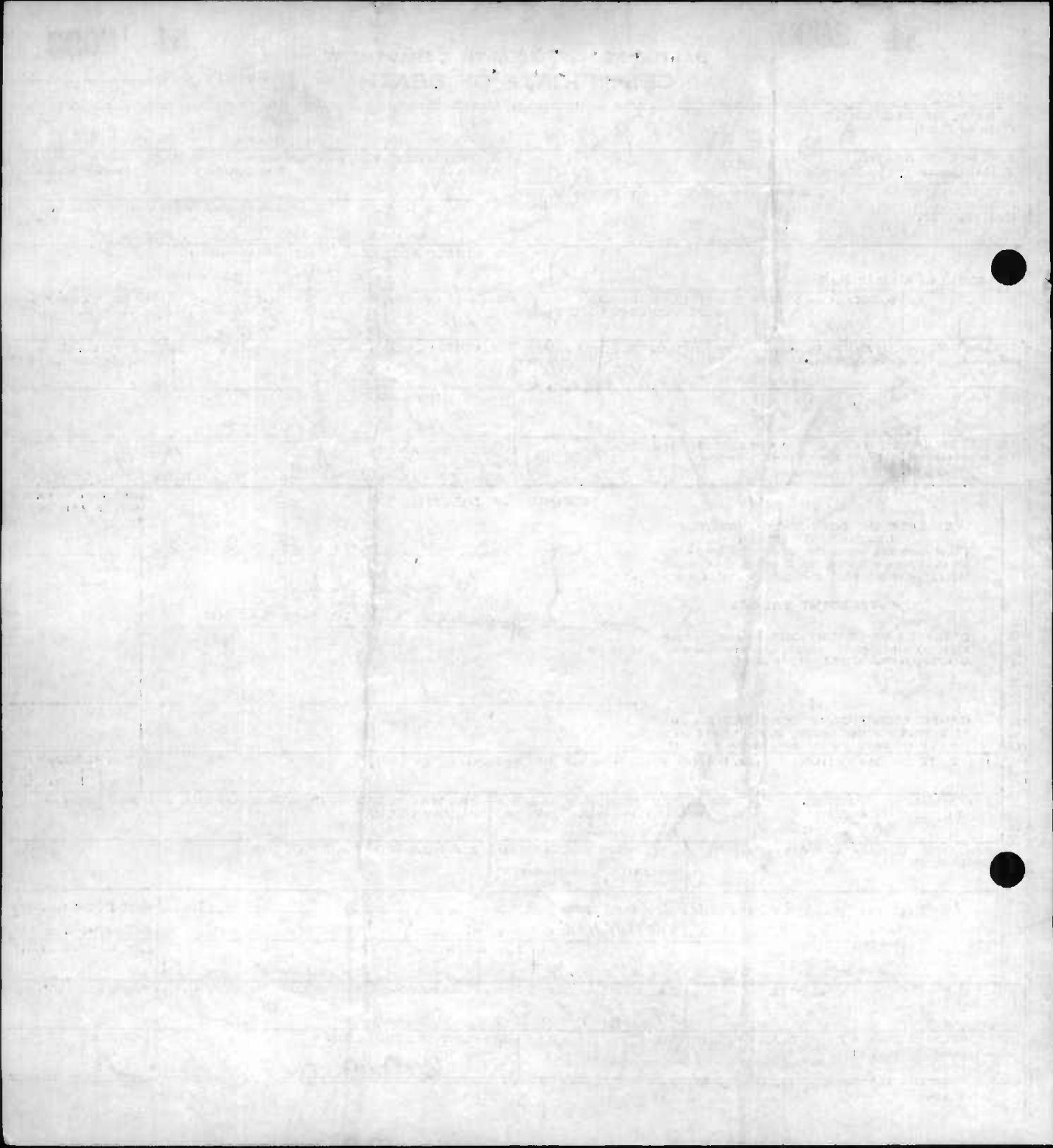
1014 210th St. 17 St. Paul St.

VS 150

5153U

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



623 51 2094

51 2094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH BREWSTER

2. DATE
OF
DEATH

3/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-08

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3403 E. LOMBARD ST.

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/13/1843

9. AGE (In years
last birthday)

57 yrs.

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

SCOTLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Deceased Thomas Salters

14. MOTHER'S MAIDEN NAME

Deceased Helen Rodgers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Brewster 3403 E. Lombard St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE PULMONARY EDEMA
DUE TO BILATERAL HYDROTHORAX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROTIC CHANGING
DUE TO VASCULAR DISEASE
(C) AORTIC STENOSIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

C.P.C. LIVER & SPLEEN

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 2/16, 1951 to 3/2, 1951, that I last saw the deceased alive on 3/2, 1951 and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/6/51

Balto.

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

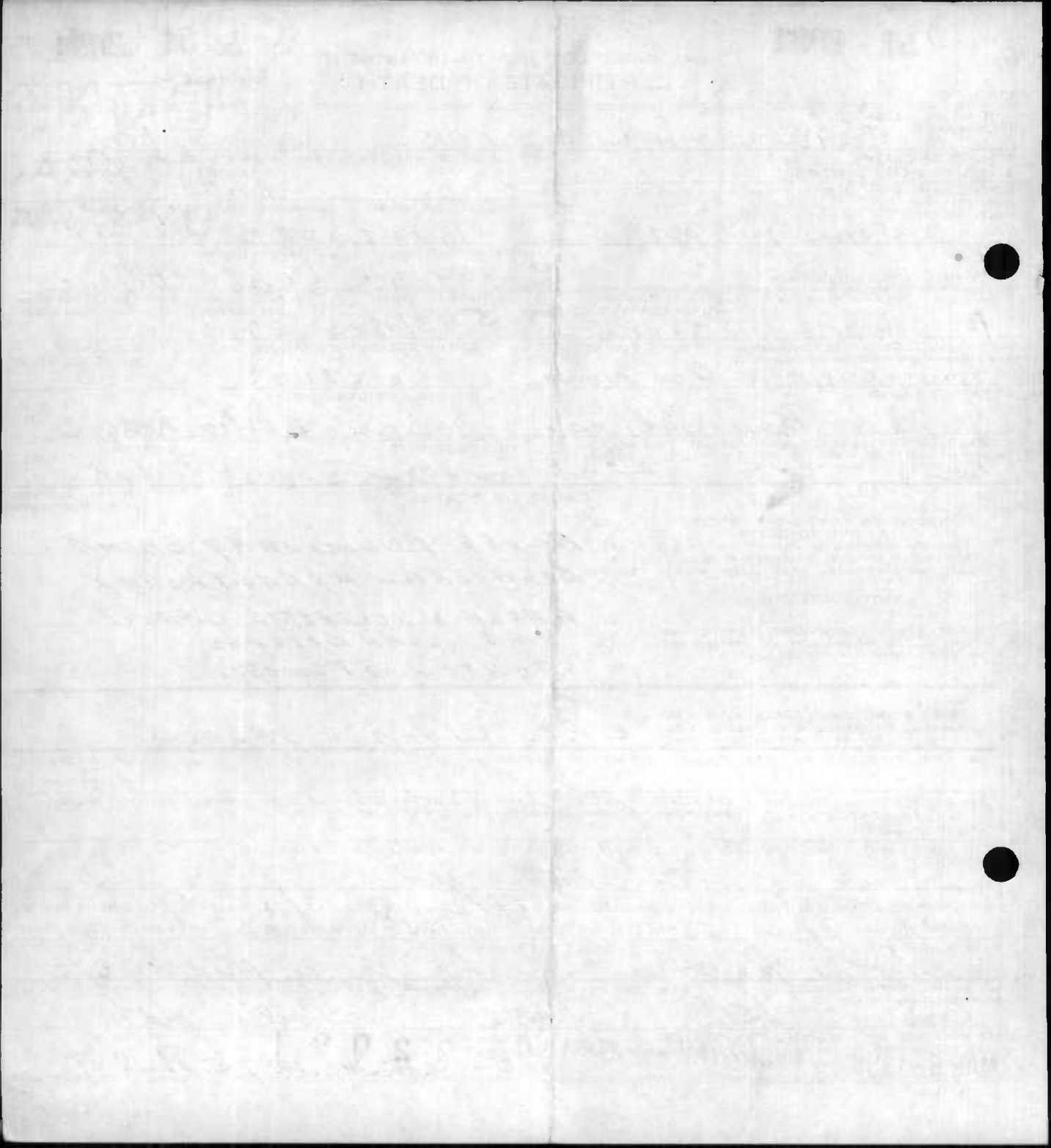
25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

William H. Williams

9000 Cook Inc. 1217 St. Paul St.



62051 2095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2095
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM HENRY GRACEY

2. DATE
OF
DEATH

3/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

Balto. 9-08

D. STREET ADDRESS (If rural, give location)

708 Bartlett Ave

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Cable Splicer

C. P Tel Co

13. FATHER'S NAME

George W. Gracey

B. DATE OF BIRTH

7/16/1904

9. AGE (In years

last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Bertha E. Fornoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

John R. Gracey 414 Andover Rd
Glenburnie

1B. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

John R. Gracey

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒

23C. DATE SIGNED

3/4/51

M.D. MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 5 - 1951

REGISTRAR'S SIGNATURE

John R. Gracey

25. FUNERAL DIRECTOR

ADDRESS

404 E. 2nd St. Paul St

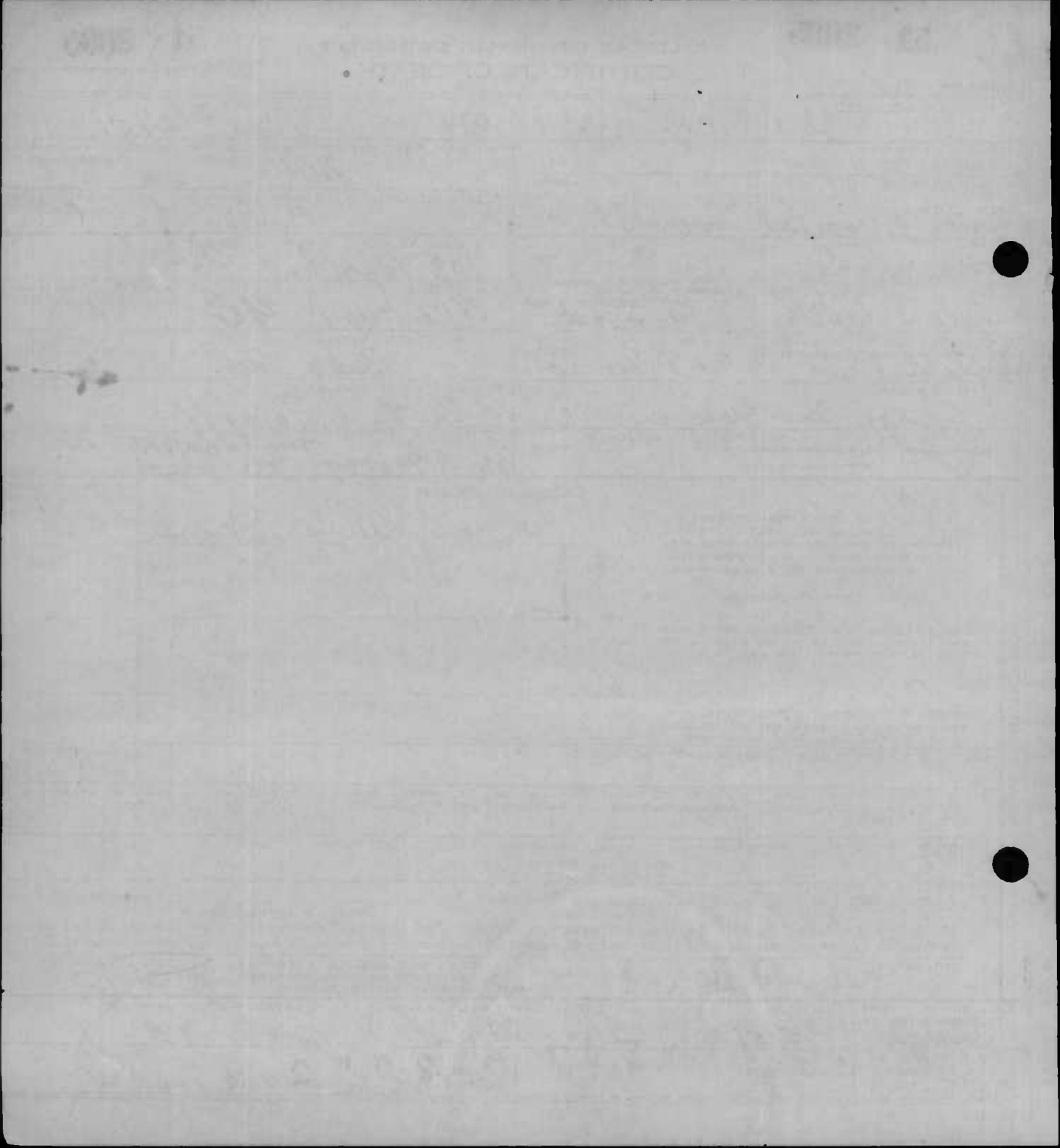
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540 5A

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



5091 2036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2036
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William C. Kinney</i>		2. DATE OF DEATH <i>Mar. 3-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1100 Mt Holly St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-08</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1100 Mt Holly St</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Mar 25-1881-69.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rec. Clerk.</i>		11. BIRTHPLACE (State or foreign country) <i>Ohio</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>B+O R.R.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Emmet R. Kinney</i>		14. MOTHER'S MAIDEN NAME <i>Melissa Wilson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Miss Ethel W. Abell</i>		ADDRESS <i>1013 St Paul</i>	

18. <i>444X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Similarity</i> DUE TO <i>Arteriosclerosis</i> DUE TO <i>Hypertension</i> (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3-18-48</i> 19 <i>48</i> , to <i>3-5</i> 19 <i>51</i> , that I last saw the deceased alive on <i>3-2-51</i> 19 <i>51</i> and that death occurred at <i>5A</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Emmet R. Kinney</i>	23B. ADDRESS M. D. <i>5611 Pimlico Rd</i>	23C. DATE SIGNED <i>3-5-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>3/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Belmont</i>
24D. LOCATION (City, town, or county) (State) <i>Ohio</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5-1951</i>	REGISTRAR'S SIGNATURE <i>Wm. Book</i>	25. FUNERAL DIRECTOR <i>Wm. Book</i>
ADDRESS <i>1217 St Paul St</i>		

1000

1000

1000 1000 1000 1000

1000

1000



1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200 51 2097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2097
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bock, Mary Lou		2. DATE OF DEATH March 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Null	
5. FULL NAME OF HOSPITAL OR PHYSICIAN St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore County Rural	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1412 Stengel Ave. 5300	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10; 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nimrod Evans		14. MOTHER'S MAIDEN NAME Ellen O'Neil	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Henry Bock (husband)		ADDRESS 1412 Stengel Ave.	

18. 330 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I	CAUSE OF DEATH Subarachnoid hemorrhage (A) DUE TO Atherosclerotic brain disease (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 22, 1951** to **March 3, 1951**, that I last saw the deceased alive on **March 3, 1951** and that death occurred at **3:20 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE B. B. B. B. B.	23B. ADDRESS 1400 N. Caroline Ave.	23C. DATE SIGNED March 3 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB. 6, 1951	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART OF MARY	24D. LOCATION (City, town, or county) (State) DUNDALK, BALTO. CO.
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR William B. Bock, Inc.	ADDRESS 1217 ST. PAUL ST.

125

51 2098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2098
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Gustavus H. Hopkins</u>		2. DATE OF DEATH <u>March 3, 1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland Lutheran Hosp.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital of Maryland Inc</u>		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <u>Baltimore</u> <u>16-06</u>	
5. Length of stay in Baltimore <u>57 yrs</u>		D. STREET ADDRESS (If rural, give location) <u>2845 Harlem Ave #16</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 8, 1893</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL Clerk</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>News paper</u>	
13. FATHER'S NAME <u>GUSTAVUS H. Hopkins</u>		14. MOTHER'S MAIDEN NAME <u>Emma H. Elget</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooovv) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>John Hopkins</u>		ADDRESS <u>2721 Edmonson Ave</u>	
18. <u>420.1 and E903.5</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>CARDIAC Failure + Pulmonary Edema</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Coronary Infarction</u> DUE TO (C) <u>Arteriosclerotic Hypertensive CARDIO VASCULAR Disease</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Fracture - Lt Humerus - Mid shaft</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>2 hrs</u> <u>2 1/2 hrs</u>
19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION <u>none</u>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Side walk</u>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>CHLWET + FRANKLIN M.D.</u>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>MARCH 2-1951-1:00 A.M.</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell on Side walk</u>	
22. I hereby certify that I attended the deceased from <u>MARCH 2, 1951</u> , to <u>MARCH 3, 1951</u> , that I last saw the deceased alive on <u>MARCH 3, 1951</u> , and that death occurred at <u>8:55 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Sam G. V. O'Brien</u>		23B. ADDRESS <u>Johns Hopkins Hospital</u>	
23C. DATE SIGNED <u>3/6/51</u>		23D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/6/51</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Balto.</u>		24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 5-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. Cook, Inc.</u>	
VS 150		25. FUNERAL DIRECTOR <u>Wm. Cook, Inc. 1217 St. Paul St.</u>	

N812.0

3904M

186a

MEDICAL CERTIFICATION
correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1918

CERTIFICATE OF DEATH

1918

1918

1918

1918

650 51 2099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2099
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE BROWN			2. DATE OF DEATH Mar. 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3131 Gwynns Falls Pkwy.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-47		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3131 Gwynns Falls Pkwy.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 13, 1871	9. AGE (In years last birthday) 79	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) music teacher (rtd)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Piano			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William L. P. Riggin			14. MOTHER'S MAIDEN NAME Mary C. Throppe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mrs. E. H. Shaw			ADDRESS - 2200 Poplar Grove St.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) Arterial hypertension DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 18 Months 10 Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14, 1949, to 3-2, 1951; that I last saw the deceased alive on 2-27, 1951, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE E. W. Peake	23B. ADDRESS M. D. 4506 Bayford Rd	23C. DATE SIGNED 3-3-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/5/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951	REGISTRAR'S SIGNATURE Wm. J. Lickner	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS Baltimore, Md.
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STATE OF CALIFORNIA

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2100
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER KIRWAN

2. DATE
OF
DEATH Mar. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1455 Kitmore Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1455 Kitmore Rd.

8. DATE OF BIRTH

Feb. 11, 1860

9. AGE (In years last birthday)

91

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance Broker (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

13. FATHER'S NAME

William T. Kirwan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Dallas Kirwan - 1511 Park Ave.

18. 434.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Cardiac Dilatation

Old Age.

INTERVAL BETWEEN ONSET AND DEATH

7 da.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1950 to 3-2-51, 1951, that I last saw the deceased alive on 3-1-51, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael C. Blake

23B. ADDRESS

Med Arts

23C. DATE SIGNED

3-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William T. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. M. J. Tolson & Son - Balt

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1912

123 51 2101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2101

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick K. M. Shapcott

2. DATE
OF
DEATH

March 2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md. 15-12

6. STREET ADDRESS (If rural, give location)

3901 Dorfield Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Male

White

Married

Mar. 21, 1882

68

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Penn. Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Sarah Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude Shapcott - 3901 Dolfield Av

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) HYPERTENSIVE CARDIO -
DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ACUTE CONGESTIVE FAILURE
DUE TO
(C) ARTERIOSCLEROSIS - GENERALIZEDII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY EMPHYSEMA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/28, 1951, to 3/2, 1951, that I last saw the
deceased alive on 3/2, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal--

3/6 /51

New Freedom Cem.

New Freedom, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

VS 150

203 50

937 Balto, Md.

MEDICAL CERTIFICATION

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
A. STATE

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to March 4, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 9:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

650 51 2103

FERRAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2103

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Ferran</i>			2. DATE OF DEATH <i>4 Mar 1957</i> <i>3/4/57</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley Dr</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>20 Little Section 21st Pool</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 21 1887</i>	9. AGE (In years last birthday) <i>83</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Teacher</i>		
11. FATHER'S NAME <i>Daniel Ferran</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. MOTHER'S MAIDEN NAME <i>Isabelle Hughes</i>			14. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>L. L. of the Pool</i>			ADDRESS		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> <i>10 yrs</i>
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION <i>Feb 1 - 1951</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1 - 1951*, to *Mar 4 - 1951*, that I last saw the deceased alive on *Mar 4 - 1951*, and that death occurred at *1200* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall Md</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>Mar 5 - 1951</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 6, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>Amington Williams, Md</i>	25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>	ADDRESS <i>900 E. Biddle St</i>

RECEIVED
JUL 11 1964
MAIL ROOM

620 51 2104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2104
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Purice

2. DATE
OF
DEATH1st March
1951 3/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley Cr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, give location and give township)
Baltimore 10-01B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Little Sisters of the Poor

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married William

8. DATE OF BIRTH

Aug 23rd 1866

9. AGE (In years

last birthday)

84

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Purice

14. MOTHER'S MAIDEN NAME

Anna E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-18-43504

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 10, 1950, to March 1, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall MD

M. D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

March 2-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

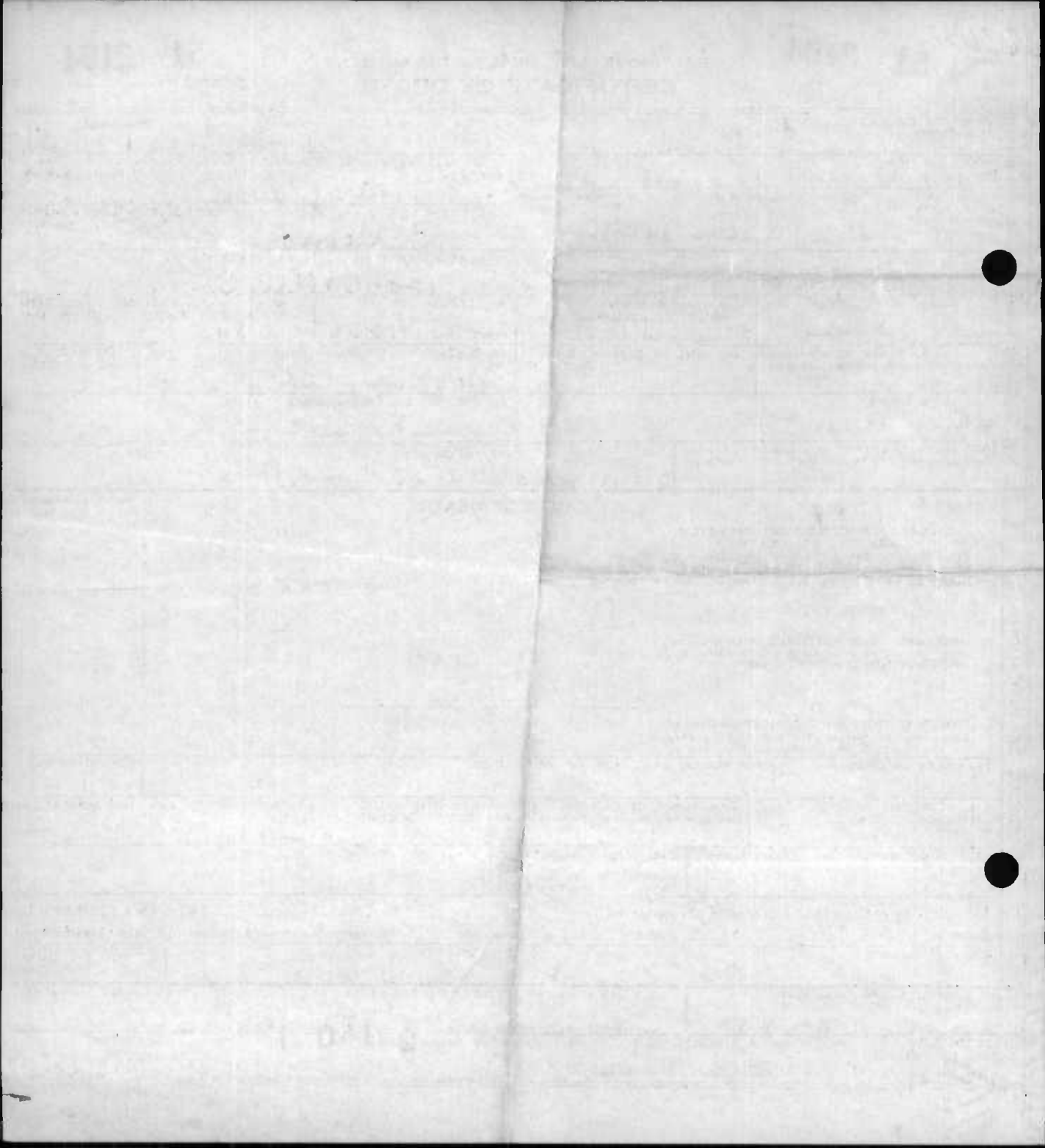
VS 150

Ruthington Williams, MD

Rita Wedgefield 9006 Biddle St

937

MEDICAL CERTIFICATION



600 51 2105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2105

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Brown Gray

2. DATE
OF
DEATH

March 1, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

668 W. Saratoga St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

668 W. Saratoga St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

October 21, 1879. 71

9. AGE (In years
last birthday)If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James R. Samuel.

14. MOTHER'S MAIDEN NAME

Elizabeth King.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bessie Loring. 668 W. Saratoga St.

18. 334X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Apoplexy

5 or 6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

arterio sclerosis

6 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan 25-51, 19, to 3-1-51, 19, that I last saw the
deceased alive on 3-1-51, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

F. N. Cardozo

M. D.

23B. ADDRESS

1524 Druid Hill Ave

23C. DATE, SIGNED

3-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

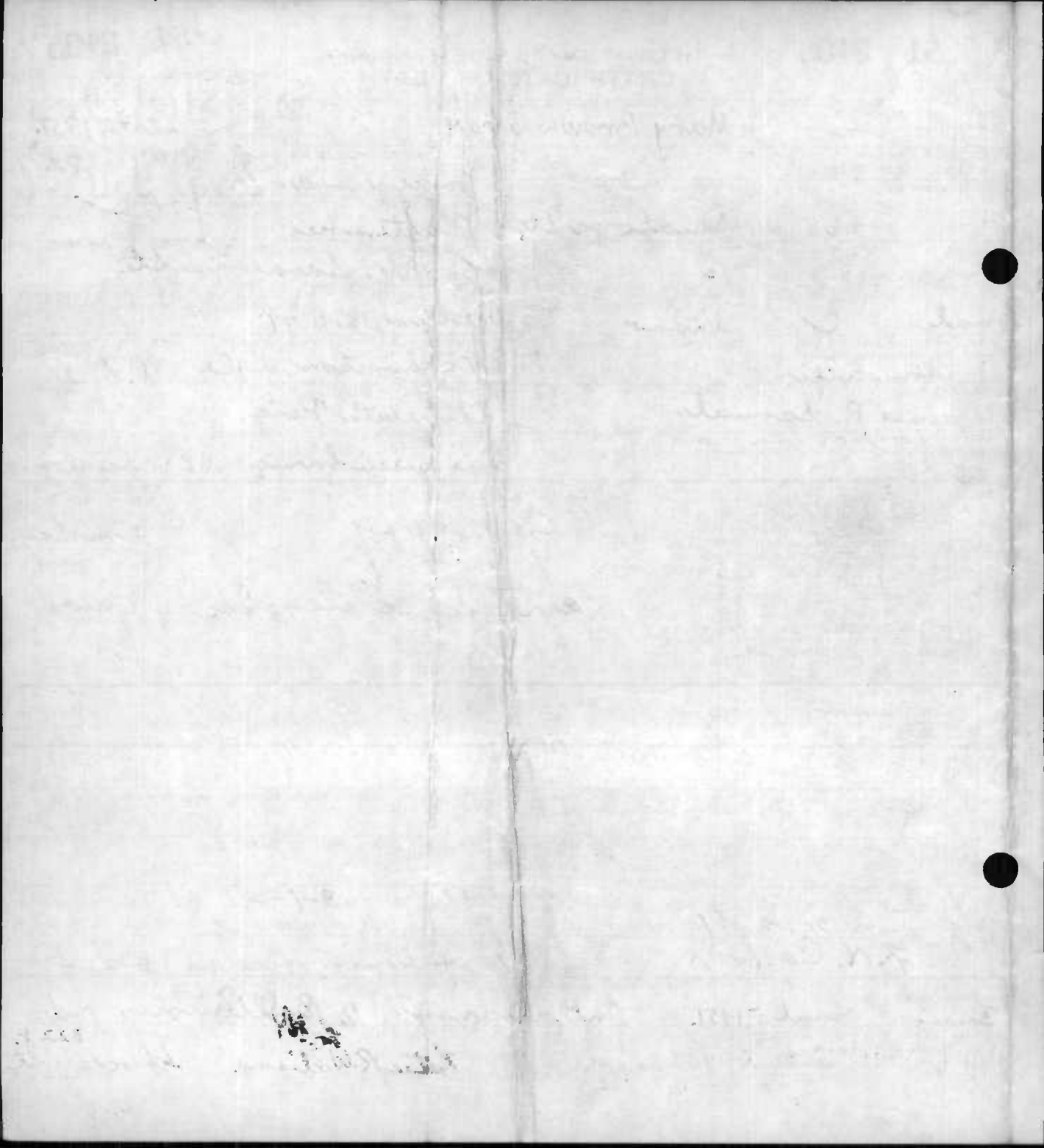
ADDRESS

MAR 5 - 1951

Huntington Williams, Jr.

Mrs. Katie R. Williams

3224 Schroeder St.



425 51 2106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2106
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH E ALLISON

2. DATE
OF
DEATH

3/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4613 Reswick Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4613 Reswick Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/14/69

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? —

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles L. Allison Sr. 4613 Reswick Rd.

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) DUE TO

Carcinoma of Liver with

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

generalized metastasis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerotic CVD.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1951 to 3-3, 1951 that I last saw the
deceased alive on 3-3, 1951, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence J. Flannery M.D.

23B. ADDRESS

3711 N. W. Rd.

23C. DATE SIGNED

3-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/6/51

24C. NAME OF CEMETERY OR CREMATORY

Dunell Ridge

24D. LOCATION (City, town, or county)

Pikesville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lawrence J. Flannery, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Chenoweth 3615-17 Chestnut Ave

MAR 5 - 1951

8075-10

RECEIVED

8075-10

8075-10

8075-10

8075-10

8075-10

8075-10

8075-10



8075-10

8075-10

200

51 2107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2107

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander Hicks

2. DATE
OF
DEATH

March 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1210 Harlem ave

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1210 Harlem ave

C. Length of stay in Baltimore

15 years

5. SEX

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Oct 5, 1923

9. AGE (In years last birthday)

27

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Lessie Hicks

17. INFORMANT

ADDRESS

Lessie Henly 1210 Harlem ave

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Tuberculosis

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 18, 1950, to Mar 4, 1951, that I last saw the deceased alive on Mar 2, 1951, and that death occurred at 6A m., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Shepperd

M. D.

23B. ADDRESS

409 N. Fulton Ave

23C. DATE SIGNED

3/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Geo. S. Kelton 1303 Chestnut St

ADDRESS

Dr Sheppard

604 N. Fulton Ave

320
51 2108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2108
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Annie Watts

2. DATE
OF
DEATH

March 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hosp.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

627 Cumberland St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Aug 25, 1890

9. AGE (in years
last birthday)

60

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wise

14. MOTHER'S MAIDEN NAME

Elizabeth Dix

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Watts 627 Cumberland St

18. 153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Generalized Carcinomatosis

INTERVAL BETWEEN
ONSET AND DEATH

(over.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-1951, to 3-1-1951, that I last saw the
deceased alive on 3-1-1951, and that death occurred at 5:00 pm from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

VS 150

46m

DO NOT COPY
For Statistical Purposes Only!

"Evidence of malignancy of lower G. I. Tract"

See Document File 51-2108

3/13/51

ES

162
51 2109BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2109
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARGENT L. JEFFRIES

2. DATE
OF
DEATH

March 4-51

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3615 Falls Road

C. Length of stay in Baltimore

47 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Drill press Hand

10B. KIND OF BUSINESS OR
INDUSTRY

Machine Shop

13. FATHER'S NAME

William S Jeffries

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Sept 21-1887-73

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Eliza Lee

17. INFORMANT

ADDRESS

State B Jeffries 3615 Falls Road

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH8-10-6 weeks
5 NoDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterial Sclerosis Acute hypertensive

DUE TO

(C) Heavy labor out of work -

3-4 yrs
1940

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Security.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1950, to March 4th, 1951, that I last saw the
deceased alive on Aug 14th, 1951, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5-1951

Funeral Home, 814 W 36th St. 814 W 36th St.

1. The first of these is the fact that the
 2. second of these is the fact that the
 3. third of these is the fact that the
 4. fourth of these is the fact that the
 5. fifth of these is the fact that the
 6. sixth of these is the fact that the
 7. seventh of these is the fact that the
 8. eighth of these is the fact that the
 9. ninth of these is the fact that the
 10. tenth of these is the fact that the

310

51 2110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2110

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida R Steffey

2. DATE
OF
DEATH

March 3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

336 E Belvedere Ave

C. CITY OR TOWN

(If outside corporate limits, write R.U.M. and give township)

Baltimore

27-12

D. STREET ADDRESS (If rural, give location)

336 E Belvedere Ave E.

c. Length of stay in Baltimore

60 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan 23-62

9. AGE (In years last birthday)

89

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

House wife

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John H Barker

14. MOTHER'S MAIDEN NAME

Margaret Zimmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alice Sibley 336 E Belvedere Ave

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atherosclerosis

DUE TO

1940

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Intestinal Myopathy, Cholelithiasis

DUE TO

1945

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Smoking

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 3, 1930, to March 3, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B. H. Bishop

M. D.

603 S Linden Ave

3/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar. 6/51

London Ct

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

William H. Williams

Frank H. Seitz 814 W 36th St

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

250
51 2111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2111
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas William Rogan

2. DATE
OF
DEATH

3/4/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hosp
Baltimore (18)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-04

c. Length of stay in Baltimore

67

Yrs.
Mos.
Days

102 - W 39th St - 3

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

M

W

M

May 29 1883

67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Private Secretary

10B. KIND OF BUSINESS OR INDUSTRY

? Insurance

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas W. Rogan

14. MOTHER'S MAIDEN NAME

Elizabeth Vogelmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

213-10-5879

17. INFORMANT

ADDRESS

Mrs. Viola R. Rogan - 102 W. 39th St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Central Hemorrhage, Left

1 da.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension Cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/51, 19, to 3/4/51, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Alvin Bonglaan

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/7/51

Louisa Park

Balto., Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 1951

Wm. J. Saloner & Son - Balto.

25. FUNERAL DIRECTOR ADDRESS

MEDICAL CERTIFICATION

M.S. D.

RECEIVED

1900

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "COPIES" and "RECEIVED" are faintly visible.]

432
51 2112
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2112
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Joseph Carroll SULTZER</i>			2. DATE OF DEATH <i>March 3-1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>21 W. 27th St</i>			C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township) <i>Baltimore 12-06</i>			
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>21 W. 27th St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 16-1885</i>	9. AGE (in years; last birthday) <i>65</i>	If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Worked for Joseph S. Sultz</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>			
10B. KIND OF BUSINESS OR INDUSTRY <i>(Retired)</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>John S. Sultz</i>			14. MOTHER'S MAIDEN NAME <i>Mary Olive Blessing</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) <i>No</i>			16. SOCIAL SECURITY NO. <i>212-32-0457</i>			
17. INFORMANT <i>Wife</i>			ADDRESS <i>21 W. 27th St</i>			
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO <i>Hypertensive</i> (B) <i>Cardio Renal-Vascular Disease</i> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <i>38 Hrs.</i> <i>7 Hrs.</i>
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Sept 1944</i> , to <i>March 3, 1951</i> , that I last saw the deceased alive on <i>March 3, 1951</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.						
23A. SIGNATURE <i>Charles F. O'Donnell</i>		23B. ADDRESS <i>7501 York Rd - Towson Md</i>		23C. DATE SIGNED <i>3/3/51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 7-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>		FUNERAL DIRECTOR <i>Charles F. Evans & Son</i>		ADDRESS

100

100

100

100

100

100

VALLEY
COUNCIL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2113

Registered No. _____

630
2113

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FORD JAMES LAWRENCE		2. DATE OF DEATH MARCH 2 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOMER HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE 18 12 06	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2820 MARYLAND AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH June 20 1889
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) SELF EMPLOYED		10B. KIND OF BUSINESS OR INDUSTRY SHIPPING	9. AGE (In years last birthday) 61
11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME MR NICHTOLAS R FORD		14. MOTHER'S MAIDEN NAME MARY SCOTT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 217-07-6223	
17. INFORMANT PATIENT		ADDRESS _____	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410X AORTIC STENOSIS & INSUFFICIENCY (A) MITRAL DUE TO TRICUSPID INSUFFICIENCY (B) RHEUMATIC HEART DISEASE DUE TO (C) GENERALIZED EDEMA (CARDIAC)	INTERVAL BETWEEN ONSET AND DEATH YEARS MANY YEARS about 2 YEARS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN 24, 1951 , to MARCH 2, 1951 , that I last saw the deceased alive on MARCH 2, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE L. Moore		23B. ADDRESS CHURCH HOMER HOSPITAL		23C. DATE SIGNED MARCH 2 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MARCH 6 1951		24C. NAME OF CEMETERY OR CREMATORY St. Joseph	
24D. LOCATION (City, town, or county) (State) Texas Md.		24E. NAME OF FUNERAL DIRECTOR Chas. F. Evans & Son Inc.		24F. ADDRESS 29052 118 W. Mt. Royal ave. 92B	
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, Md.		25. FUNERAL DIRECTOR Chas. F. Evans & Son Inc.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

0-1-10

635
51 2114BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2114
14 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary C. Jordan

2. DATE
OF
DEATH

Mar. 3-1951

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1422 W. Fayette St.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frederick Jordan - 1422 W. Fayette

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Central Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1951, to March 3, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

Lester J. Williams, M.D.

Samuel W. Sullivan Jr.

1011 N. Arlington Ave. #3a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2115
Registered No.

BIRTH NO. 4-50923

1. NAME OF DECEASED (Type or Print) TIMOTHY O. SYKES		2. DATE OF DEATH March 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1700 Warwick Ave		5. SEX Male	
6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH June 26, 1946		9. AGE (In years last birthday) 4	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Sykes		14. MOTHER'S MAIDEN NAME Gertrude Murphy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT George Sykes		ADDRESS 1700 Warwick Ave	

18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? Baker St. & Thomas Ave.		15/3
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 2, 1951	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR? Pedestrian struck by auto		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley H. Dunleaver M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 3, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar. 6-1951	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 5-1951	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR Samuel W. Sallaway	ADDRESS 1700

V S 151 N 503.2 1011 N. Arlingtton Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2116
Registered No.

650
51 2116
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES E MARONEY			2. DATE OF DEATH March 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2231 RUSKIN AVE			C. CITY OR TOWN (If outside corporate limits, write REEL and give township) Baltimore 13-04		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2231 Ruskin Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 1	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days: 11. Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael St. Monorey			14. MOTHER'S MAIDEN NAME Nellie A. Lovett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-01-6402	17. INFORMANT ADDRESS James Monorey		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley H. Dineen** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 4, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR ADDRESS Rita W. DeFeld 9006 Biddle St. 94a St.	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

500

51-2117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2117
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert H. Lane

2. DATE
OF
DEATH

March 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland / 1028 N. Carey St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1877

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days

7 26

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Poultry Dealer

10B. KIND OF BUSINESS OR
INDUSTRY

Self-employed

13. FATHER'S NAME

John Lane

11. BIRTHPLACE (State or foreign country)

Essex Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Peggy Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine Johnson Granddaughter, 3111 W. Mosher St

18. 420.1 CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

5 days

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Bureau

Mar. 6, 1951

Arbutus Mem. Park

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5-1951

Huntington Williams, M.D.

Charles R. Law, 1803 Madison Ave.

VS 150

2906A

131a

MEDICAL CERTIFICATION

Correct age is necessary for proper filing

WATER
INVESTIGATION OF DEATH

[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be organized into sections, possibly containing names, dates, and descriptive notes.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2118
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry DULANY Rogers		2. DATE OF DEATH 3-3-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 712 Reservoir St.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 13-02	
7. Length of stay in Baltimore Life		8. STREET ADDRESS (If rural, give location) 712 Reservoir St.	
9. SEX M	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	12. DATE OF BIRTH July 6, 1867 83
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent		14. KIND OF BUSINESS OR INDUSTRY Fire Insurance Co.	
15. FATHER'S NAME JAMES LLOYD ROGERS		16. MOTHER'S MAIDEN NAME Virginia Babcock	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. INFORMANT Grafton L. Rogers		20. ADDRESS 722 Reservoir St	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21A. DATE OF OPERATION		21B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an _____ thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **John R. [Signature]** 23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED **3/4/51**
M.D. ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **3-6-51** 24C. NAME OF CEMETERY OR CREMATORY **Woodlawn** 24D. LOCATION (City, town, or county) (State) **Woodlawn, Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 5 - 1951** REGISTRAR'S SIGNATURE **Huntington Williams, Md.** 25. FUNERAL DIRECTOR **John O. Mitchell** ADDRESS **1900 Eutaw Pl.**

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

937

1. Name of deceased
2. Sex
3. Age
4. Date of birth
5. Date of death
6. Place of death
7. Cause of death
8. Signature of physician
9. Signature of registrar
10. Signature of witness

11. Name of informant
12. Address of informant
13. Signature of informant
14. Date of completion
15. Signature of registrar

123

Webster

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pinkie Webster

2. DATE
OF
DEATH

March 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1721 N. Fulton Ave

C. CITY OR TOWN

Maryland

(If outside corporate limits, write R.R. 1, 2, 3, etc., give township)

D. STREET ADDRESS (If rural, give location)

1721 N. Fulton Ave

c. Length of stay in Baltimore

20

5. SEX

F

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 5, 1910

9. AGE (in years,
last birthday)

40

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Eastern Shore, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Douglas Howard

14. MOTHER'S MAIDEN NAME

Annie Ames

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pinkie Webster 1721 N. Fulton Ave

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized metastatic Carcinoma
DUE TO

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma uteri + Metastases to liver
DUE TO

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Carcinoma Cervix uteri
DUE TO

8 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 29, 1950 to March 2, 1951, that I last saw the deceased alive on March 1, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1420 E. Monument St

23C. DATE SIGNED

March 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

Huntington Williams, M.D.

Mrs. Katie Williams

Schwab St.

VS 150

48a

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the cause of death.

1944

1845

2011-12-11

1875

116
51 2120DeBAUFRE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2120
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva De Baufre

2. DATE
OF
DEATH

March 2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2701 E. Chase St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

2701 E. Chase St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO(C)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2-51, to 3-2-51, that I last saw the
deceased alive on 3-2-51, and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5-1951

VS 150

Huntington Williams, M.D.

John C. Mullen, Inc. 2455 E. Olney St

93D

2300 E. Main Ave

256
51 2121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2121
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD WAGNER		2. DATE OF DEATH 3/3/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township) Baltimore	
c. Length of stay in Baltimore life.		D. STREET ADDRESS (If rural, give location) 2808 Westfield Ave.	
5. SEX MC.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/28/1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Portman		9. AGE (In years, last birthday) 53	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Wagner		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Pauline Eckhart		17. INFORMANT ADDRESS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Hypertension	CAUSE OF DEATH Coronary Thrombosis Hypertension	INTERVAL BETWEEN ONSET AND DEATH 12 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3/3/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/19/51 to 3/3/51 , 19 51 , that I last saw the deceased alive on 3/3/51 , 19 51 , and that death occurred at 12:25 m. , from the causes and on the date stated above.					
23A. SIGNATURE Doreen C. Enberg		23B. ADDRESS Church Home Hosp.		23C. DATE SIGNED 3/3/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/6/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		24E. FUNERAL DIRECTOR Leonard		24F. ADDRESS 5205 Harford Rd	

1917

STATE OF NEW YORK

CERTIFICATE OF DEATH

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Color _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

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Signature of _____

Signature of _____

Signature of _____

Signature of _____

000

51 2122 51-04974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2122

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Day, Baby Girl</i>		2. DATE OF DEATH <i>3/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Rural</i>	
C. Length of stay in Baltimore <i>2 Days</i>		D. STREET ADDRESS (If rural, give location) <i>Pulaski Highway 5300</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3/1/51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>2</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Charles Day</i>		14. MOTHER'S MAIDEN NAME <i>Rose Marie Duff</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>		ADDRESS	

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Non-Viable due to Prematurity (6 1/2 Months)</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Atelectasis</i>	<i>2 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/1*, 19*51*, to *3/2*, 19*51*, that I last saw the deceased alive on *3/2*, 19*51*, and that death occurred at *7⁰⁰* P m., from the causes and on the date stated above.

23A. SIGNATURE <i>Reed Carroll</i>	23B. ADDRESS <i>Church Home & Hospital</i>	23C. DATE SIGNED <i>3/2/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>3/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland & Co. Cem. Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5-1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr</i>	25. FUNERAL DIRECTOR <i>Leonard J. Ruck</i> ADDRESS <i>5305 Hayford Rd</i>

1942

12

RECEIVED

RECEIVED

1942



450
51 2123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2123

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Rachael Allen		3-4-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 819 Frederick Rd. 5300			
5. SEX 7.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M-	8. DATE OF BIRTH 2-9-1864	9. AGE (In years last birthday) 87.	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME H. Smithson		14. MOTHER'S MAIDEN NAME Rachael Harvey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.	
16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mrs. Eva Wagner Catonsville Md.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 432 X		CAUSE OF DEATH (A) HYPERTENSIVE CARDIO- DUE TO VASCULAR DISEASE (B) PULMONARY EDEMA & EMPHYSEMA DUE TO (C) SUPPURATIVE PERICARDITIS			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/2, 1951, to 3/4, 1951, that I last saw the deceased alive on 3/4, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Shaw M.D.		23B. ADDRESS 20. Avenue 1666		23C. DATE SIGNED 3/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/7/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Baltimore Md.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR Easton Sons Catonsville		26. ADDRESS 937 Md.	

MEDICAL CERTIFICATION

MAR 5-1951

VS 150

5-1951

January 10, 1913

My dear Mr. [illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

460

51 2124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2124

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES W MILLER

2. DATE
OF DEATH

MARCH-5-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1337 HANOVER ST

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD 23-01

D. STREET ADDRESS (If rural, give location)

1337 HANOVER ST

c. Length of stay in Baltimore

LIFE TIME

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG-16-1888

9. AGE (in years
last birthday)

63

10. Under 1 Year
Months: Days: Hours: Min.

6 17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

GUARD

10B. KIND OF BUSINESS OR
INDUSTRY

MARITIME SERVICE

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

WM. F MILLER

14. MOTHER'S MAIDEN NAME

CECELIA ST. CHAIRE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARGT. M. MILLER 1337 HANOVER ST

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Pulmonary embolism

(C) DUE TO

Coronary Sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from 3/2 1951, to 3/5 1951, that I last saw the deceased alive on 3/4 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

Bentley Williams, M.D.

Bernard C. Harbo 121 E. WEST ST.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2125**

1. NAME OF DECEASED (Type or Print) Hawkins, Joseph Dennis		2. DATE OF DEATH March 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital since March 1950		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1501 Ellamont Street	
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH March 1, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optician		10B. KIND OF BUSINESS OR INDUSTRY - - - -	
13. FATHER'S NAME Frank Hawkins		14. MOTHER'S MAIDEN NAME Nora Daugherty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Unknown	
15. (If yes, give war or dates of service) VA2 - - -		17. INFORMANT Records - U.S. Marine Hospital,	
		ADDRESS Balto., Md.	

CAUSE OF DEATH

<p>I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">(A) <u>Carcinoma of left lung with thoracic and abdominal metastasis</u></p> <p align="center">(B) _____</p> <p align="center">(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p align="center">Unknown</p>
<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION 3/7/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 2, 1951 to March 3, 1951, that I last saw the deceased alive on March 3, 1951 and that death occurred at 8:30-a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Jack B. James</i> M.D.	23B. ADDRESS U.S. Marine Hospital, Balto., Md.	23C. DATE SIGNED Mar. 3, 1951
---	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/7/51	24C. NAME OF CEMETERY OR CREMATORY Arlington National, Arlington, Va.	24D. LOCATION (City, town, or county) (State) 4101 Edmonson
DATE RECEIVED BY LOCAL REGISTRAR MAR 5 - 1951	REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>	25. FUNERAL DIRECTOR Harry R. Wolfe	

56360

477 acc

1. The first part of the report is a general statement of the work done during the year.

2. The second part is a detailed account of the work done on the various projects.

3. The third part is a summary of the results of the work done during the year.

4. The fourth part is a list of the publications of the year.

5. The fifth part is a list of the names of the persons who have contributed to the work.

6. The sixth part is a list of the names of the persons who have assisted in the work.

7. The seventh part is a list of the names of the persons who have been employed during the year.

8. The eighth part is a list of the names of the persons who have been employed during the year.

9. The ninth part is a list of the names of the persons who have been employed during the year.

10. The tenth part is a list of the names of the persons who have been employed during the year.

11. The eleventh part is a list of the names of the persons who have been employed during the year.

12. The twelfth part is a list of the names of the persons who have been employed during the year.

13. The thirteenth part is a list of the names of the persons who have been employed during the year.

14. The fourteenth part is a list of the names of the persons who have been employed during the year.

15. The fifteenth part is a list of the names of the persons who have been employed during the year.

16. The sixteenth part is a list of the names of the persons who have been employed during the year.

17. The seventeenth part is a list of the names of the persons who have been employed during the year.

18. The eighteenth part is a list of the names of the persons who have been employed during the year.

19. The nineteenth part is a list of the names of the persons who have been employed during the year.

20. The twentieth part is a list of the names of the persons who have been employed during the year.

21. The twenty-first part is a list of the names of the persons who have been employed during the year.

22. The twenty-second part is a list of the names of the persons who have been employed during the year.

23. The twenty-third part is a list of the names of the persons who have been employed during the year.

534
51 2126BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2126
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine H. Hindle

2. DATE
OF
DEATH

Mar. 3-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

603 Richwood Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

603 Richwood Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 2, 1951, to Apr. 3, 1951, that I last saw the
deceased alive on Apr 2, 1951, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5-1951

VS 150

937

[Faint, mostly illegible handwriting on lined paper. The text appears to be a letter or a series of notes, with some words like "Dear" and "Yours" visible in the upper and lower portions. The handwriting is cursive and somewhat faded.]

252

51 2127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2127

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Rychinsky</i>		2. DATE OF DEATH <i>3/4/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1317 Hollins St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>45 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1317 Hollins St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6/24/1879</i>	9. AGE (in years last birthday) <i>71</i>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work at Home</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>Ludwig Jaymont</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs Irene C. Karczewski Decker</i>	
18. <i>443X</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Acute Pulmonary Edema</i> <i>Myocardial Insufficiency</i>			<i>1 day</i>
ANTECEDENT CAUSES		(B) <i>Hypertensive Cardio-Vasc. Disease</i>			<i>years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb.</i> , 1950, to <i>March 3</i> , 1951, that I last saw the deceased alive on <i>March 3</i> , 1951, and that death occurred at <i>6 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Abraham Goldman</i>		23B. ADDRESS <i>206 S. Belmar St.</i>		23C. DATE SIGNED <i>3/4/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/7/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5-1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>	

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death.

937

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text is mostly horizontal and spans the width of the page.]

612		BALTIMORE CITY HEALTH DEPARTMENT		51 2128	
51 2128		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EMMA J. Burbage		March 2, 1951.	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY Anne Arundel			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
University of Maryland		Glen Burnie			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
D.O.A.		107 Second Ave., S.E. 5200			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	10. Under 1 Year Months: Days
Female	White	Married	July 18, 1881	69	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
House work		Own Home	Kingston, Md.		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Wilmer M. Johnson		Carolyn Hayman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
No		None	Stewart Burbage, Severna Park, Md.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
4721		Cerebral Hemorrhage			Immediate
ANTECEDENT CAUSES		Chronic Cerebro Vascular Disease			4 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1947, to March 2, 1951, that I last saw the deceased alive on March 2, 1947, and that death occurred at 6 P. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Lama S. Billingsley		Glen Burnie, Md.			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	March 5, 1951	Meadow Ridge	Dorsey, Md. (Rural)		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS			
MAR 5-1951	Richard V. Singleton	Richard V. Singleton, Glen Burnie, Md.			

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

612
51 2129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2129

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BURBAGE, William S.		2. DATE OF DEATH 3-4-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Anne Arundel			
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenburnie			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 107 2d ave SE 5200			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 23, 1877	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shapfman (Retired)		10B. KIND OF BUSINESS OR INDUSTRY J.F. Johnson Lumber Co.		11. BIRTHPLACE (State or foreign country) Powellsville, Md.	
13. FATHER'S NAME Hite		10. MOTHER'S MAIDEN NAME Burbage		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		15. SOCIAL SECURITY NO. 310-07-4393		17. INFORMANT ADDRESS Stuart Burbage Severna Park	
18. 420.1 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) Coronary thrombosis DUE TO 48 h					
ANTECEDENT CAUSES					
(B) arteriosclerotic evd DUE TO 15 yrs?					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-2 , 1951, to 3-4 , 1951, that I last saw the deceased alive on 3-4 , 1951, and that death occurred at 11³⁰ PM , from the causes and on the date stated above.					
23A. SIGNATURE Charles Bagley		23B. ADDRESS Univ Hosp		23C. DATE SIGNED 3-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 6, 1951		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Com.	
24D. LOCATION (City, town, or county) Darsey, Md. (Rural)		24E. FUNERAL DIRECTOR Richard B. Singleton		24F. ADDRESS Glen Burnie, Md.	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAR 5-1951		24H. REGISTRAR'S SIGNATURE William S. Burbage		24I. REGISTRAR'S ADDRESS Univ Hosp	

0525

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0519



520
51 2130
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2130
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Willie Banks</i>		2. DATE OF DEATH <i>March 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1308 Ashland Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-00</i>	
C. Length of stay in Baltimore <i>20 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1308 Ashland Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 4 1917</i>
9. AGE (In years last birthday) <i>33</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	
11. BIRTHPLACE (State or foreign country) <i>Farmville Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Willie Banks</i>		14. MOTHER'S MAIDEN NAME <i>Lertie Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-19-6600</i>	
17. INFORMANT <i>Vernell Banks</i>		ADDRESS <i>1737 N. Taylor St.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>102X and 153X</i>		CAUSE OF DEATH (A) <i>Carcinoma - caecum</i> DUE TO (B) <i>Tuberculosis, far advanced</i> DUE TO (C) <i>(over)</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2/23</i> , 19 <i>50</i> to <i>3/2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-17</i> , 19 <i>51</i> , and that death occurred at <i>11:50 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>RAYNER, M. D. 301 EAST MADISON ST. BALTIMORE, MD.</i>	
23C. DATE SIGNED <i>3-3-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>March 5/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Farmville Va.</i>		24D. LOCATION (City, town, or county) (State) <i>Farmville Va.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. R. G. Elliott</i>	
VS 150		46E	

See Document File 51-2130

7/6/51

BS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2131
Registered No.

541
51 2131
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM S. VAN LEUVAN		2. DATE OF DEATH March 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 822 N. Eutaw St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-13-81
9. AGE (In years last birthday) 69		10. MONTHS 11-03	11. HOURS 11-03
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Inspector		10B. KIND OF BUSINESS OR INDUSTRY City of Balto., Retired	
11. BIRTHPLACE (State or foreign country) Hancock, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Albert Van Leuvan		14. MOTHER'S MAIDEN NAME Emma Stoddard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Harriet Van Leuvan		ADDRESS 822 N. Eutaw St.	

18. E 820.7 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intracranial hemorrhage DUE TO ANTECEDENT CAUSES Fracture of skull DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION March 2, 1951		19B. MAJOR FINDINGS OF OPERATION Street		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Eastern Ave. & East	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 2, 1951 10 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? street	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durlacher, M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 4, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-5-51		24C. NAME OF CEMETERY OR CREMATORY Odd Fellows	
24D. LOCATION (City, town, or county) (State) Delaware		24E. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		24F. ADDRESS 711 B. Mitchell	

V S 151
N-803.0 210 93 170c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MIS 12

MIS 12



263
51 2132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2132

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Brewer Richards

2. DATE
OF
DEATH

March 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4200 Somerset Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4200 Somerset Place

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

6 - 11 - 1869

9. AGE (In years last birthday)

81

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

James R. Brewer

14. MOTHER'S MAIDEN NAME

Annie Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Henry F. Bremer - 4200 Somerset Place

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arterio-sclerotic Cardio Vascular Disease + Hypertension 8 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18/43, 19, to 3/4/51, 19, that I last saw the deceased alive on 3/3/51, 19, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

3/ /51

Lorraine

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

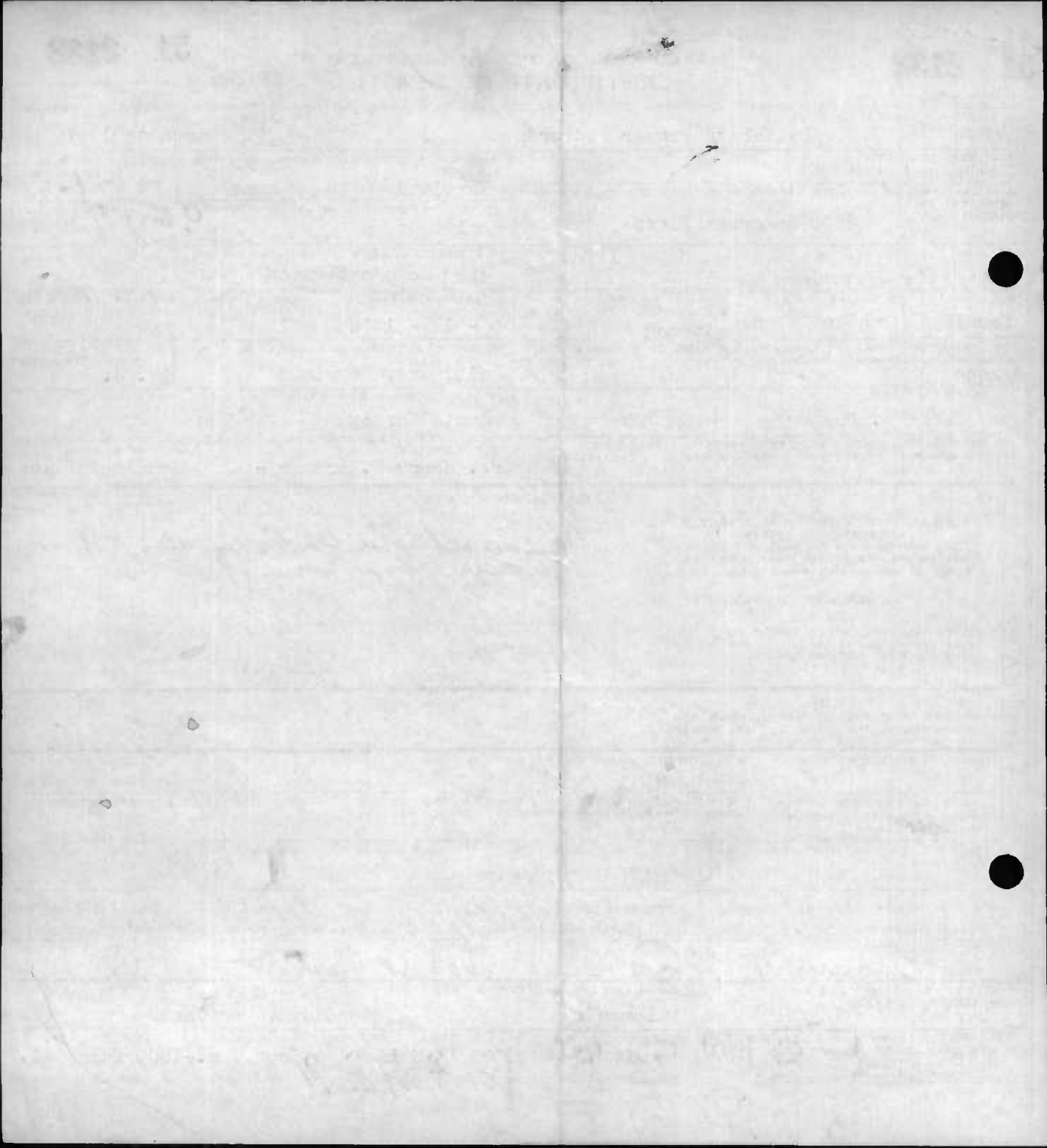
25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1951

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2133**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HESTER HOWARD

2. DATE
OF
DEATH

MAR. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1335 Shields Place

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 1895

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

W.C.

13. FATHER'S NAME

Wylie State

14. MOTHER'S MAIDEN NAME

Ellen?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Daughter - Annie Morgan 1335 Shields

18. **443X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Pulmonary Edema

7 Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

2 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 28**, 19**51**, to **Mar 1**, 19**51**, that I last saw the deceased alive on **Mar 1**, 19**51**, and that death occurred at **9:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Leland G. Humberg

M. O.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

Mar 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Chas. G. Cooper-512 Carrollton Ave

ADDRESS

MAR 5 - 1951

VS 150

Chas. G. Cooper 937

MEDICAL CERTIFICATION

THEYER ROYALTY

[Faint, illegible handwritten text follows, likely bleed-through from the reverse side of the page.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2134
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William L. Colbert

2. DATE
OF
DEATH

3/3/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2014 Madison Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City 14-03

D. STREET ADDRESS (If rural, give location)
2014 Madison Avenue

Length of stay in Baltimore Life

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 3 1887

9. AGE (in years last birthday)

64

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Adam

Colbert

14. MOTHER'S MAIDEN NAME

Cecelia

Conti

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cornelia Colbert 2014 Madison Ave

18. 177X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Urinary Toxemia

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertrophic Prostate Malignancy
(C) Carcinoma Prostate

2 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis (generalized)

2 yrs

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1944, to March 3, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young M.D.

23B. ADDRESS

1429 E Monument St

23C. DATE SIGNED

3/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/6/1951

24C. NAME OF CEMETERY OR CREMATORY

St Peters Cem.

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wmington Williams

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Beatty ave

MAR 6 - 1951

VS 150

784 813

51 B

MEDICAL CERTIFICATION

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page. The text is spread across the page with some lines appearing more distinct than others.]

51 2135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2135

Registered No.

BIRTH NO. 51-04534

1. NAME OF DECEASED
(Type or Print)

Baby boy Jackson

2. DATE
OF
DEATH

2/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Md. Baltimore City

C. CITY OR TOWN

(If outside corporate limits, write R.U.R. and give township)

D. STREET ADDRESS (If rural, give location)

1223 Slater Rd

Length of stay in Baltimore

newborn

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

newborn

8. DATE OF BIRTH

2/25/51

9. AGE (In years
last birthday)

newborn

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Jackson

14. MOTHER'S MAIDEN NAME

Beatrice Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

mother

ADDRESS

Same

18. 759.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hgd

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congenital anomalies

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/25/51, 1951, to 2/28, 1951, that I last saw the
deceased alive on 2/28, 1951, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Peterson

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

2/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL

JAN 3 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

MAR 6 - 1951

VS 150

157 M

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2136
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude L. Dawson

2. DATE
OF
DEATH

March 5-51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2803 Garrison Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Proutt Nursing Home 2803 Garrison Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Cordelia Ave.

3251

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 17-1869

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Geo. McCaffrey

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter G. Rosensteel 3805 Hayward ave

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma Breast

months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma Intestine

months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

General Carcinoma

Weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1951, to March 5, 1951, that I last saw the
deceased alive on March 4, 1951, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar. 7-51

Loudon Park

Frederick Ave.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6-1951

Huntington Williams, M.D.

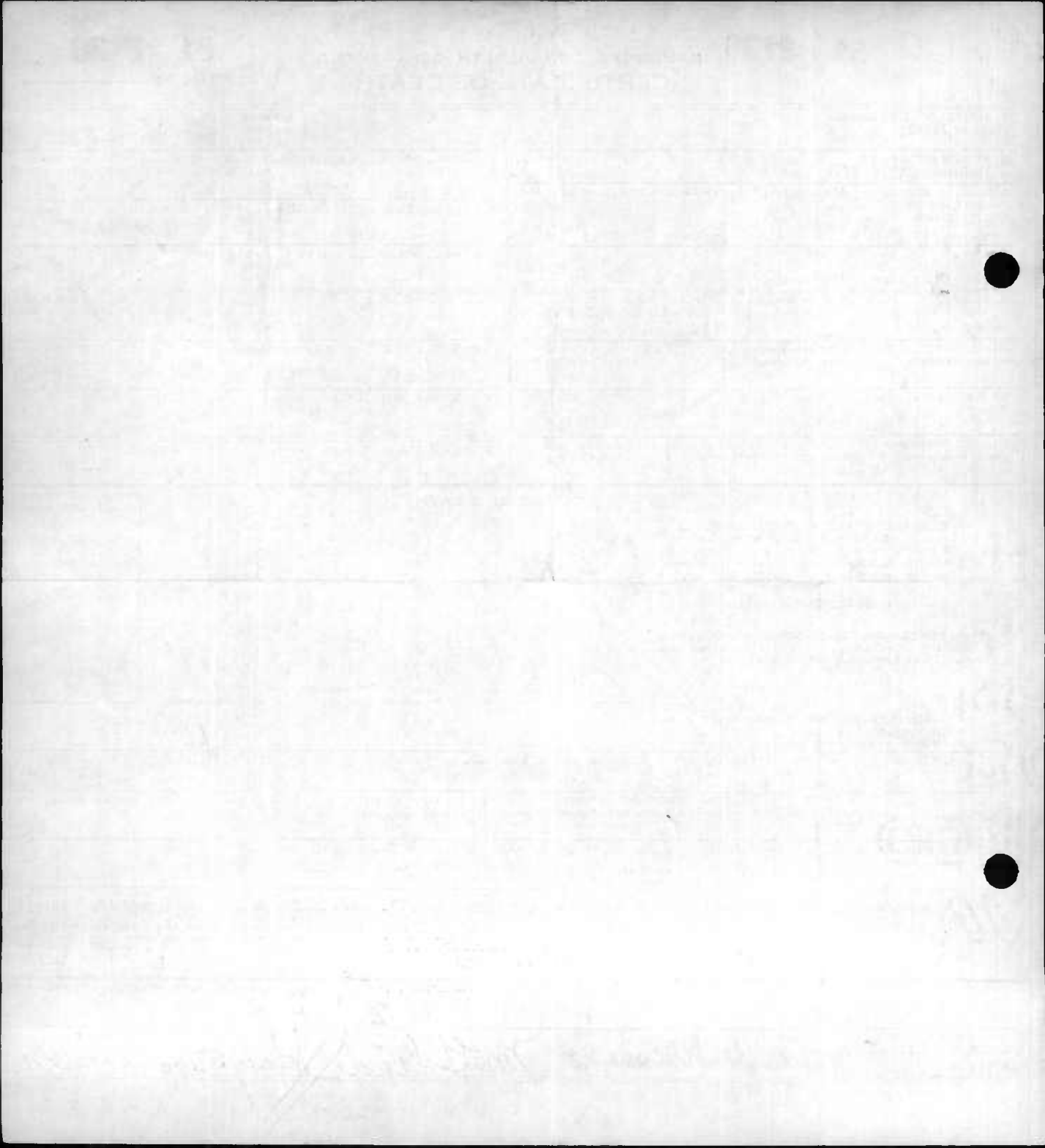
Mrs Gertrude Perry 5646 Caswell Ave.

VS 150

e.v. Semmon

50

correct age is especially important. Physicians: please write the causes of death and region.



51 2137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2137

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SCHRIEBER MRS ELIZABETH

2. DATE
OF
DEATH

March 3 '57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C MARCH HOME HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17 SPARROWS POINT

D. STREET ADDRESS (If rural, give location)

2640 MASCH Avenue

5200

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE

WHITE

MARRIED

8. DATE OF BIRTH

Oct 23 1882

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

-US

13. FATHER'S NAME

FREDERICK WESSUSSEK

14. MOTHER'S MAIDEN NAME

EVA EGGERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-671775

17. INFORMANT

ADDRESS

HUSBAND. 2640 Masch Avenue

18. 570.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Mesenteric Thrombosis

2 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

hypertensive Cardiovascular disease years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2. 19, 1951, to 3. 3, 1957, that I last saw the
deceased alive on 3. 2, 1957, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Vernon H. Howard

23B. ADDRESS

C MARCH HOME HOSPITAL

23C. DATE SIGNED

March 3 / 1957

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1957

VS 150

937

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

215
51 2138BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2138
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna Mashbaum</i>			2. DATE OF DEATH <i>March 5, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>6-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore <i>32 Years</i>			D. STREET ADDRESS (If rural, give location) <i>118 N. Collington Avenue</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 10, 1888</i>	9. AGE (In years last birthday) <i>63</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Morris Kessler</i>			14. MOTHER'S MAIDEN NAME <i>Sarah ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mr. Alex Mashbaum 118 N. Collington Ave.</i>		

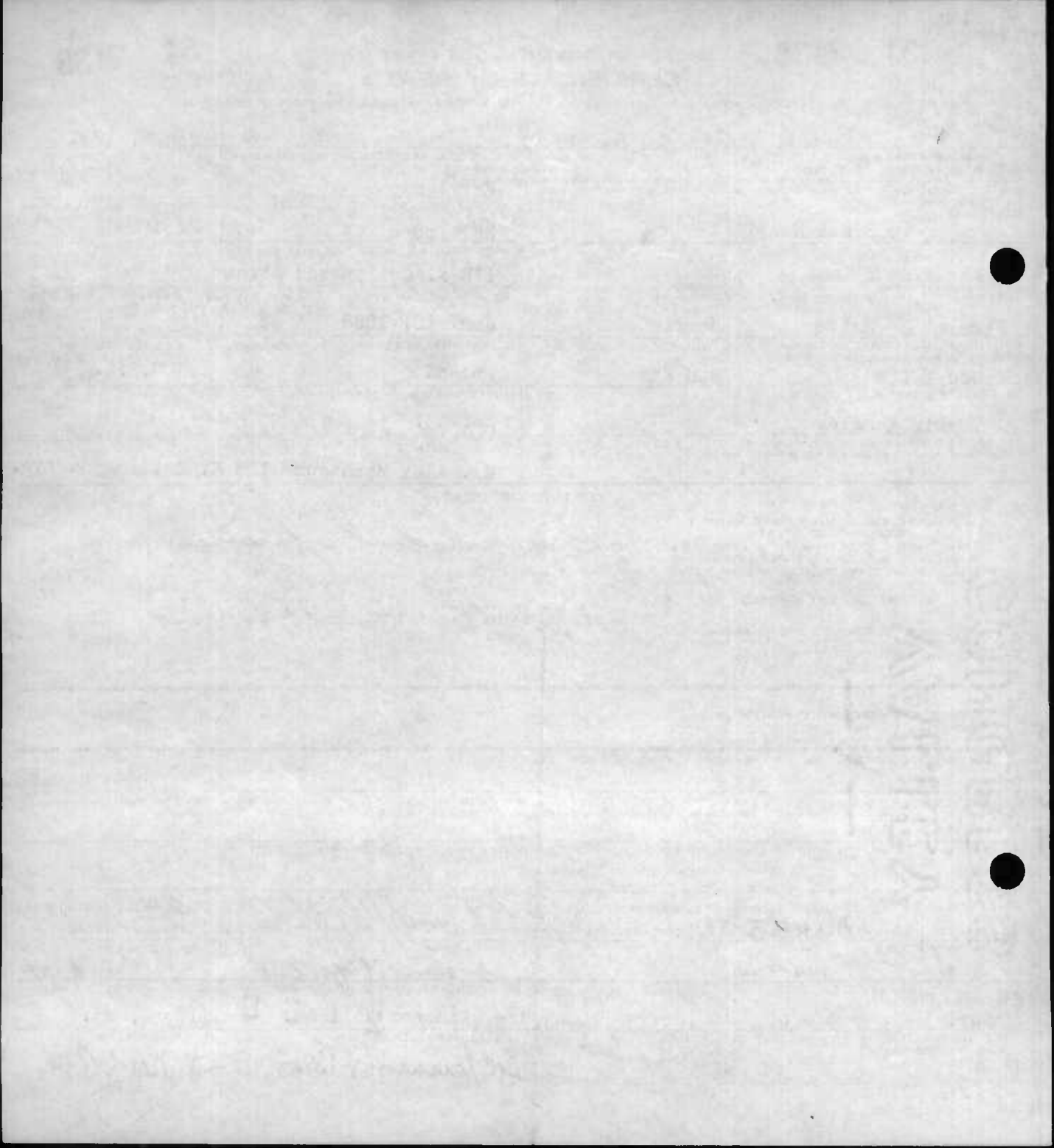
18. <i>420.11</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Myocardial infarction</i> DUE TO <i>(B) Hypertensive CVD Disease</i> DUE TO <i>(C)</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/4*, 19*51*, to *3/5*, 19*51*, that I last saw the deceased alive on *March 5, 1951*, and that death occurred at *11:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>S. H. Ruli</i>	23B. ADDRESS M. D. <i>Sinai Hospital</i>	23C. DATE SIGNED <i>Mar 6, 1951</i>
-------------------------------------	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/6/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Young Men, Windsor Hill Rd</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5 - 1951</i>	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>Sol Levinson & Bros. 1124 W. North Ave.</i>	ADDRESS



51 2139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2139

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE E. CONLEY

2. DATE
OF
DEATH

3/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

634 S. DECKER AVE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 24, '80

9. AGE (in years,
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS HAMMACK

14. MOTHER'S MAIDEN NAME

LETITIA WINSTEAD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H. FLORENCE CONLEY 634 S. DECKER ST.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

Feb 27, 1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

chr. arterio-sclerosis

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb 26, 1951, to March 4, 1951, that I last saw the
deceased alive on 3-4, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

N. J. Davidson

M. D.

23B. ADDRESS

3218 Eastern ave

23C. DATE SIGNED

3-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

BETHANY CEM.

24D. LOCATION (City, town, or county)

CALLAO, VA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST -30

MAR 6 - 1951

VS 150

83a

MEDICAL CERTIFICATION

Mr. Davidson

10-12

6-8

3218 Easter Ave.

V-324

51 2140

51 2140

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) EDWARD THOMAS WEITZEL			2. DATE OF DEATH 3/5/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 16-08		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3922 Woodridge Rd.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	B. DATE OF BIRTH June 21, 1892		9. AGE (In years last birthday) 58 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sgt.		10B. KIND OF BUSINESS OR INDUSTRY Balto. Police Dept.		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME William Weitzel			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs. Barbara Weitzel			ADDRESS 3922 Woodridge Rd		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH _____
DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Massive intrathoracic adhesions pneumothorax, left Squamous cell carcinoma bronchogenic		(over)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 2/27/51 , 19__ to 3/5/51 , 19__, that I last saw the deceased alive on 3/4/51 , 19__ and that death occurred at 12:22 m., from the causes and on the date stated above.					
23A. SIGNATURE Maddeus Swinski M. D.		23B. ADDRESS St. Joseph's Hosp		23C. DATE SIGNED 3/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/8/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) 9501 Frederick Rd Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR _____		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Harvey F. Witta 4101 Edmondson Ave.	

MAR 6 - 1951

773 93

47c

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

"pneumonectomy at Lutheran Hospital of Maryland (WBGH) two years ago
diagnosis bronchogenic carcinoma GR III

See Document File 51-2140

3/29/51 ES

432
51 2141BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2141
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JEROME H. GOLDSTEIN		2. DATE OF DEATH 3-5-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY 27-20	
B. FULL NAME OF HOSPITAL OR INSTITUTION 7018 Park Heights Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 7018 Park Heights Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
9. AGE (In years, last birthday) 42		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Israel		14. MOTHER'S MAIDEN NAME Rella	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Beatrice Goldstein - name		ADDRESS	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Arteriosclerosis DUE TO Chronic Hepatitis	INTERVAL BETWEEN ONSET AND DEATH 15 min. 5 yrs ?
19. DATE OF OPERATION 0 19. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 6, 1951**, to **Mar 5, 1951**, that I last saw the deceased alive on **Mar 3, 1951**, and that death occurred at **54 m.**, from the causes and on the date stated above.

23A. SIGNATURE Herbert Goldstein	23B. ADDRESS 18102 Eutaw Pl.	23C. DATE SIGNED Mar 5, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-6-51	24C. NAME OF CEMETERY OR CREMATORY Worshiping Men
24D. LOCATION (City, town, or county) Balto Md	24E. FUNERAL DIRECTOR 2100 Eutaw Pl	

DATE RECEIVED BY LOCAL REGISTRAR **MAR 6 - 1951**
REGISTRAR'S SIGNATURE **Wilmington Williams**
FUNERAL DIRECTOR'S SIGNATURE **2100 Eutaw Pl**
VS 150
2908B
131a

Goldstone
1810 East
Raziz

525
51 2142BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2142

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sarah Elizebeth R. Johnson

2. DATE

OF DEATH 3-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

--

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

100 McMechen St.

8. DATE OF BIRTH

5-9-90

9. AGE (in years last birthday)

60

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Forrest Hill-Hartford-Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Johnson

14. MOTHER'S MAIDEN NAME

Sarah E. Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Md.

Priscilla M. Smith-306 Pa. Av. Towson

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiovascular Collapse

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-1951 to 3-5-1951, that I last saw the deceased alive on 3-5-1951, and that death occurred at 8:44 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1951

VS 150

1011 N. Arlington Ave 937

1-3-12

DEPT. OF JUSTICE

UNITED STATES OF AMERICA

IN RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

W-1

W-2

W-3

W-4

W-5

W-6

W-7

W-8

51 2143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2143
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH J. NIESSNER

2. DATE
OF
DEATH

March 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Balls.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonville

D. STREET ADDRESS (If rural, give location)

201 Oella Ave. 5300

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 30, 1870

9. AGE (in years
last birthday)

81

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Catonville - Act.

10B. KIND OF BUSINESS OR
INDUSTRY

Self. Emp. Patron

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Theresa

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph J. Niessner - 201 Oella Ave.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Fracture of Skull

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)201 OELLA AVE
Catonville City21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 3 1951 11A m.

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall down stairs 5300

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsicker

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-7-51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George E. Farley, Sutter Street, Baltimore

250

51 2144

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2144
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. John Miller Hyson

2. DATE
OF
DEATH

Mar. 5, 51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ind.

9-01

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore -

D. STREET ADDRESS (If rural, give location)

3718 Collier Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Doctor

10B. KIND OF BUSINESS OR
INDUSTRY

Mental Surgery

13. FATHER'S NAME

David R. Hyson

8. DATE OF BIRTH

1-31-04

9. AGE (In years
last birthday)

47

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Chara Perry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *163 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

*3 wks.
8 days mptoms*

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Carcinoma of rt lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 26 to* 19*51*, to *Mar 5*, 19*51* that I last saw the deceased alive on *Mar 5*, 19*51*, and that death occurred at *2 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

George S. Culbreth

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATORY

Hampstead Cem.

24D. LOCATION (City, town, or county)

Hampstead, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 - 1951

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

2121 S. ...

ADDRESS

4

1. 5. 5.

100

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1

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100

145 51 2145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2145

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN K. EBELEIN

2. DATE
OF
DEATH

Mar. 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1003 Ashburton St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Louis Braecklein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

May 7, 1873

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Dorothy Schiller

17. INFORMANT

ADDRESS

Miss Dorothea Ebelein - 1003 Ashburton St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

5 yrs.

Chronic Myocarditis

Chronic Valvular Heart Disease

Hypertension - arteriosclerotic

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 2, 1947, to March 3, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/6/51

Loudon Park Cem.

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1951

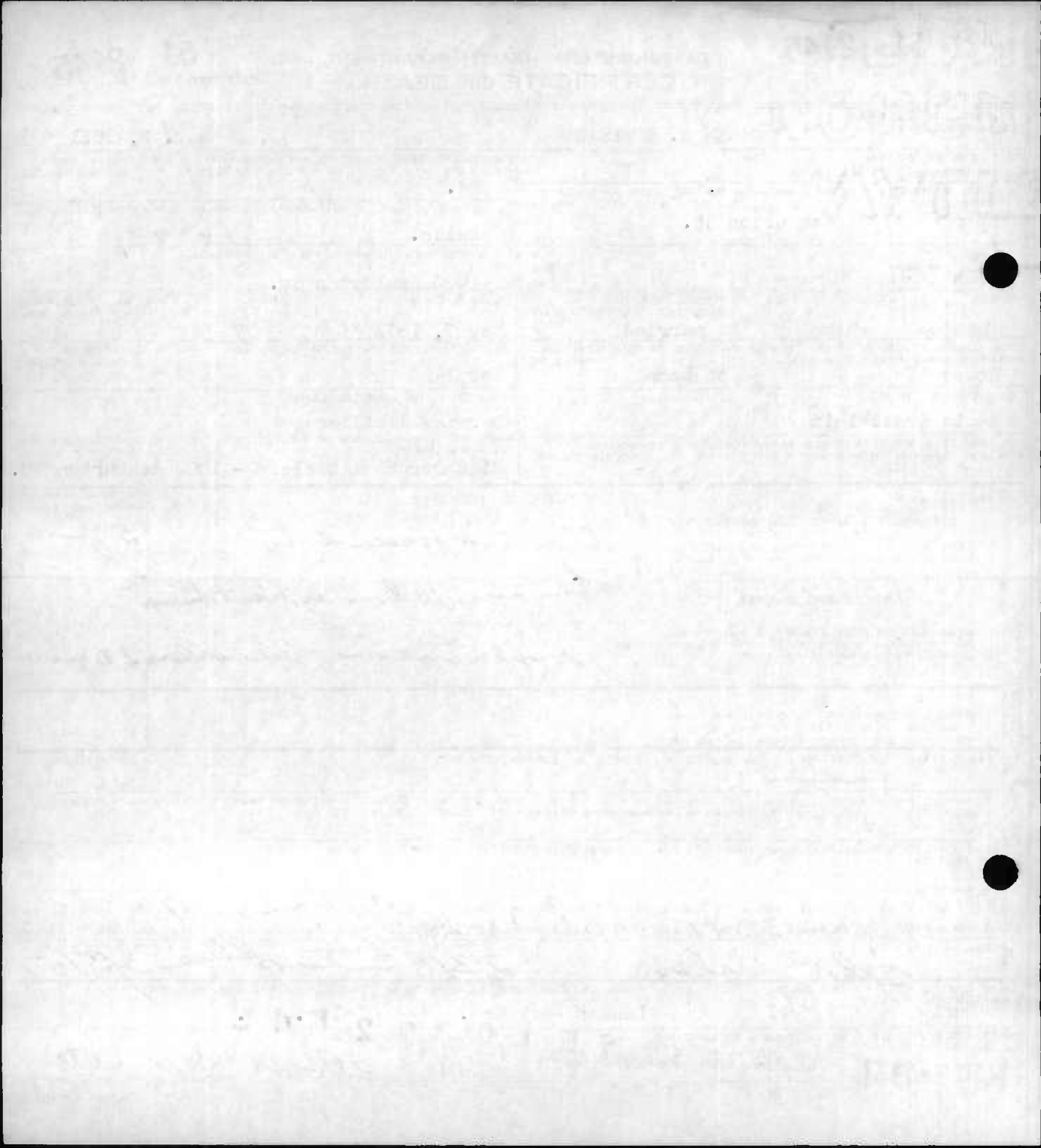
VS 150

Huntington Williams, M.D.

Thm. J. Tiekner & Sons - Balto

927 md

MEDICAL CERTIFICATION



51 2146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2146
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Ellen Knott</i>		2. DATE OF DEATH <i>March 4-1951</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Hospital For The Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 11-04</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1317 Linden Ave</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec 3rd 1895</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>House wife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		9. AGE (In years, last birthday) <i>57-</i>
13. FATHER'S NAME <i>Albert Byron</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT <i>Douglas W. Knott</i>		ADDRESS <i>1317 Linden Ave</i>	

18. *443X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) *Massive Cerebral Hemorrhage 50 hours*

DUE TO

(B) *Hypertensive Cardiovascular Disease years.*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/4*, 1951, to *3/4*, 1951, that I last saw the deceased alive on *3/4*, 1951, and that death occurred at *10:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6-1951

VS 150

93D

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please write the cause of death.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

420		51 2147		BALTIMORE CITY HEALTH DEPARTMENT		51 2147	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>LYLE KENNETH WALLACE, JR.</i>				2. DATE OF DEATH March 5, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF <i>if not in hospital or institution, give street address or location</i> HOSPITAL OR INSTITUTE <i>3702 Gibbons Avenue</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-34</i>			
D. STREET ADDRESS (If rural, give location) <i>3702 Gibbons Avenue</i>				E. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>4/3/35</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Lyle Kenneth Wallace Sr.</i>				14. MOTHER'S MAIDEN NAME <i>Eloise Holot</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>_____</i>		17. INFORMANT ADDRESS <i>Lyle K. Wallace Sr. 3702 Gibbons Ave</i>			
18. <i>E 919.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gunshot wound of chest</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>3702 Gibbons Avenue 27/34</i>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>March 5, 1951 8:00 A.m.</i>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? <i>Firearms</i>			
22. I certify that I took charge of the remains described above, held an <i>Inspection & Inquiry</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .						23. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... <i>William V. [Signature]</i>	
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR..... <i>William V. [Signature]</i>		23C. DATE SIGNED <i>March 5, 1951</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/8/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 6 - 1951</i>		REGISTRAR'S SIGNATURE <i>W. [Signature]</i>		25. FUNERAL DIRECTOR <i>Wm. [Signature]</i>		ADDRESS <i>1217 St. Paul St.</i>	
VS 151		<i>N-862.4</i>				<i>184</i>	

343 51 2148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2148

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence R. Middleton

2. DATE
OF
DEATH

3/5/51 3:05 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

Sinai Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Wm. T. Howgate

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rosedale

D. STREET ADDRESS (If rural, give location)

7916 33rd St 5300

8. DATE OF BIRTH

1/18/1894

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ella Summerville

17. INFORMANT

Jas. T. Middleton 581 ADDRESS Benton Heights Ave

18. 290.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema and atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pernicious anemia

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1951, to March 5, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Seymour H. Rulin

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

March 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Cork & Co. 1217 St. Paul St.

ADDRESS

MAR 6 - 1951
VS 150

72a

MEDICAL CERTIFICATION

620

51 2149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2149

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA B. CROSS

2. DATE
OF
DEATH

March 5, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4837 Wright Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE

b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

26-34

d. STREET ADDRESS (If rural, give location)

4837 Wright Ave.

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 7, 1875

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Howard County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicholas Johnson

14. MOTHER'S MAIDEN NAME

Elizabeth Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Adelaide Hamick, 4837 Wright Ave.

18. *4-8-50*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Arteriosclerosis C.V. Disease.*
DUE TO*4-8-50*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chronic Hypertension*
DUE TO*4-8-50*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *Myocardial Infarction**7-16-51*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., to or
about home, in factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-8-50*, 19*50*, to *3-5-*, 19*51*, that I last saw the
deceased alive on *3-4*, 19*51*, and that death occurred at *3:30* a. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

3/7/51

Mt. Carmel

Baltimore County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

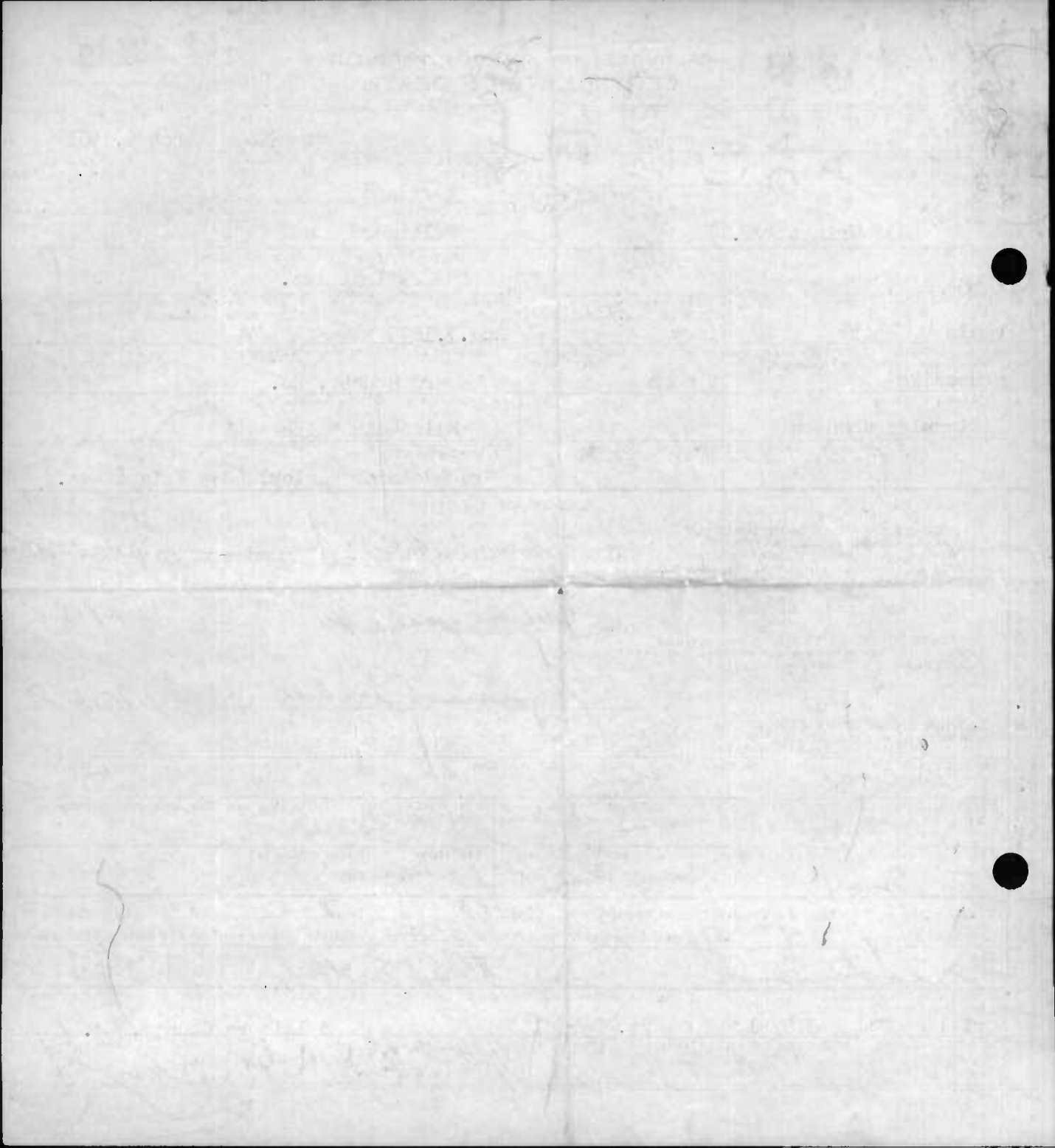
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1951

*Huntington Williams, Jr.**1221 St Paul St*



620
51 2150BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2150
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMOS

MYERS

2. DATE
OF
DEATH

March 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

315 N. Carey St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

October 20 1919 31

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

general

11. BIRTHPLACE (State or foreign country)

Manning, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cratten Myers.

14. MOTHER'S MAIDEN NAME

Agnes Sharp.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Purdy Myers. 1016 Linden Ave.

18. E982X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Sidewalk

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1115 W. Lexington St. (Found)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found March 2, 1951 10:35 P.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dumlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 3, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

shipped

24B. DATE

March 8, 1951

24C. NAME OF CEMETERY OR CREMATORY

Sumter, S.C.

24D. LOCATION (City, town, or county) (State)

Sumter, S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

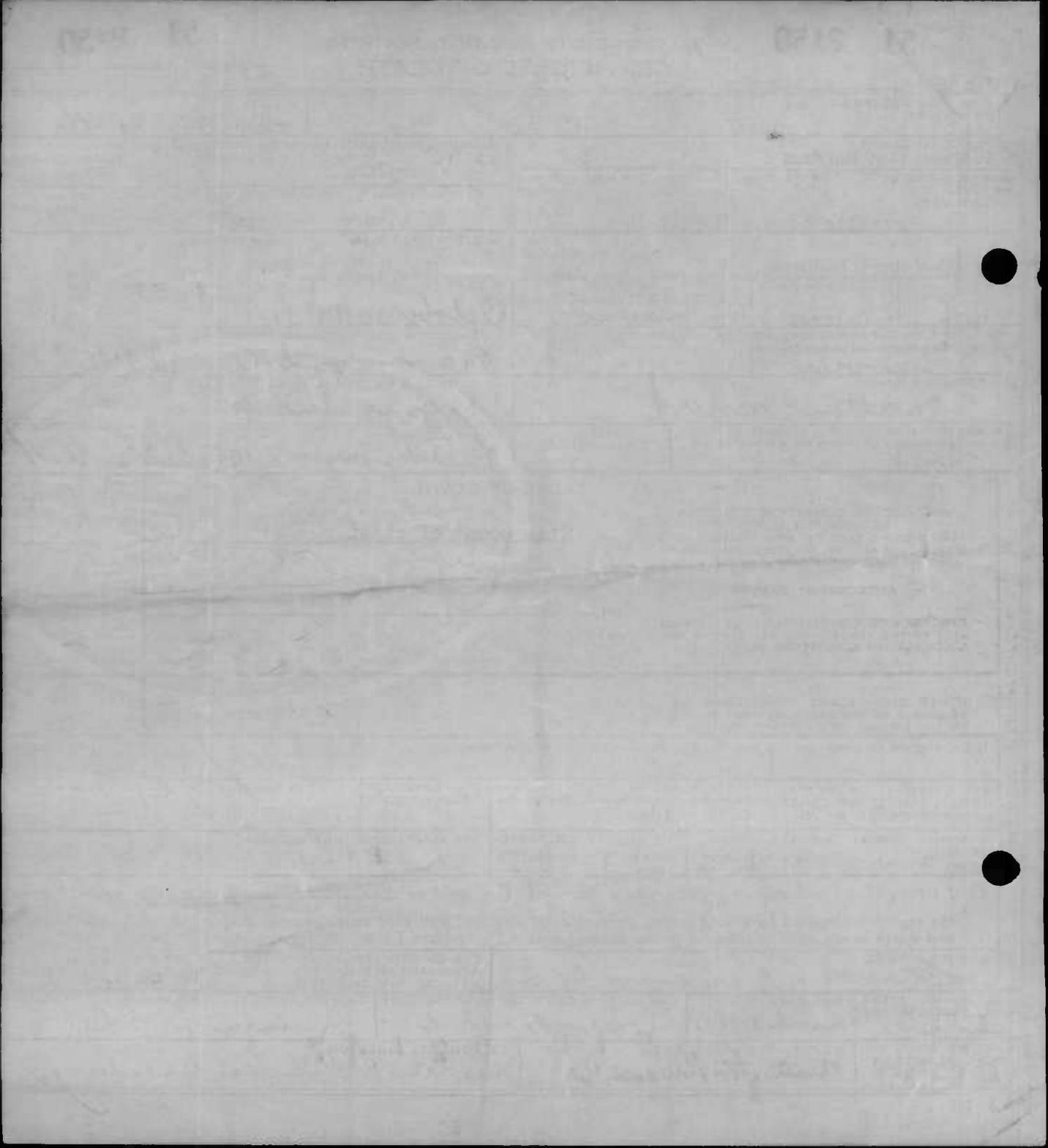
Mrs. Katie R. Williams. 322 N. Schaefer St.

VS 151

N-862.2

97099

167



51 2151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Busby Young

2. DATE
OF
DEATH

March 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

532 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. Length of stay in Baltimore

Yrs.
Mos.
Days

E. STREET ADDRESS (If rural, give location)

532 N. Carey St.

19-01

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 1, 1901

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Indianapolis

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

William Busby

14. MOTHER'S MAIDEN NAME

Annie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Isaac Young 532 N. Carey St.

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Intestinal Transference*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Uncertain*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT(C) *Tubercular infection & Infection*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1949 to Mar 3, 1951, that I last saw the
deceased alive on Mar 3, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1413 S. Main Ave

Mar 5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-3-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1951

Isaac Young

Wm. J. Young

578 W. Biddle St.

VS 150

92 B

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of health officer	
9. Signature of informant		10. Signature of physician		11. Signature of coroner		12. Signature of registrar	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2152

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sarah L. Payne

2. DATE
OF
DEATH

March 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

732 Dolphin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

732 Dolphin St. 17-03

E. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 28, 1887

9. AGE (in years last birthday)

63

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Thomas H. Ellis

14. MOTHER'S MAIDEN NAME

Annie Fowler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Payne 732 Dolphin St.

18. **444x I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **acute myocarditis**

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension - acute**

7 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-26**, 19**51**, to **3-4**, 19**51**, that I last saw the deceased alive on **3-4**, 19**51**, and that death occurred at **1:45 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-8-51

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

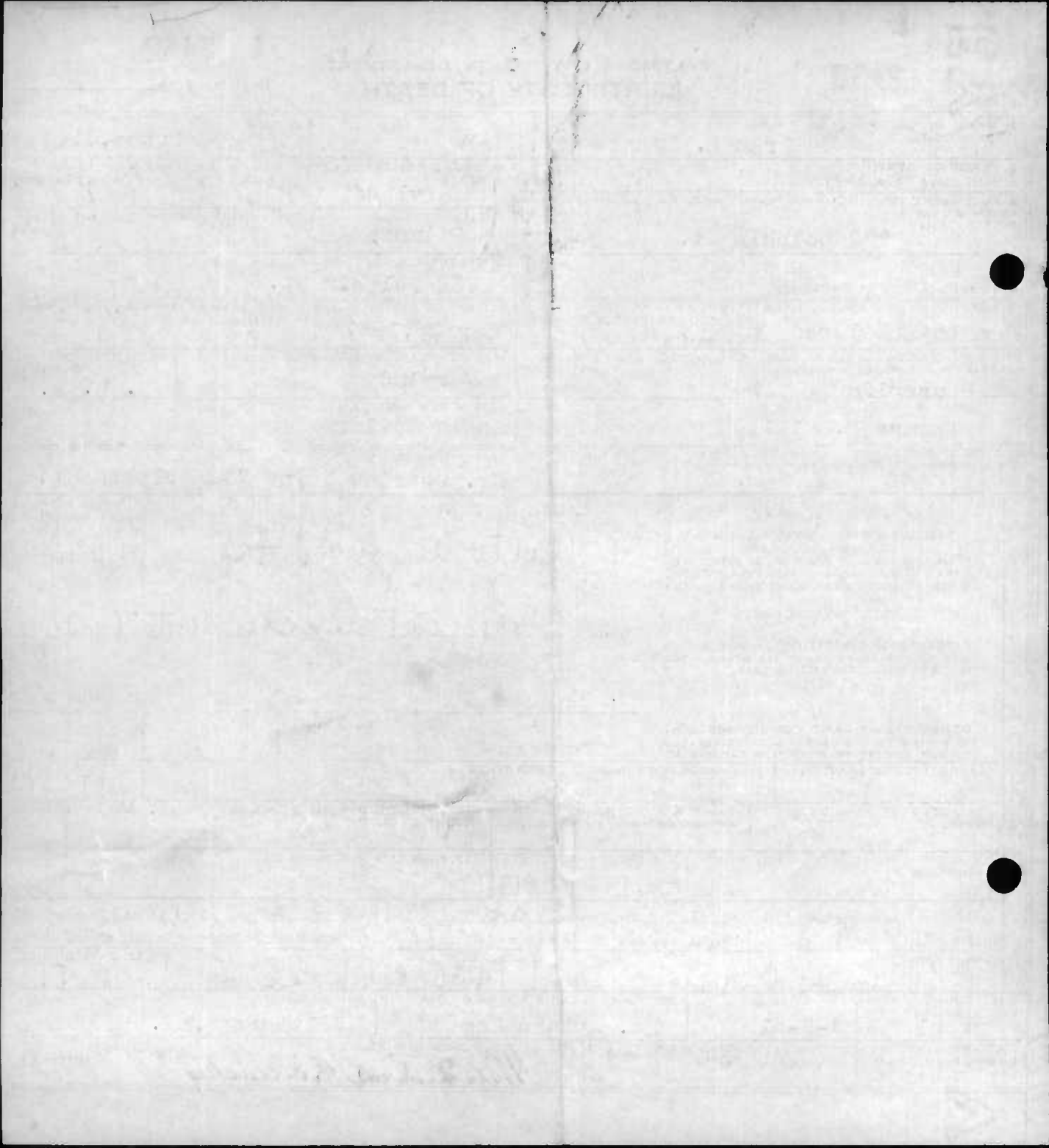
ADDRESS

MAR 6 - 1951

[Signature]

[Signature]

578 W. Biddle St.



D-400
51 2153BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2153
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISA DOYLE			2. DATE OF DEATH March 5, 1951.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 212 Stoney Run Lane			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hillcrest Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3411 Elliott St. 26-09		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 18, 1877		9. AGE (in years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Charles Adams		
14. MOTHER'S MAIDEN NAME Veronica Hess			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Ferdinand Doyle		
ADDRESS 3411 Elliott St.					

18. **331X and 151X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Central Nervous**
DUE TO**3 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Osteoporosis**
DUE TO
(C) **Possible Carcinoma Stomach**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1947 to March 1951 , that I last saw the deceased alive on March 4, 1951 , and that death occurred at 10:30 A.M. from the causes and on the date stated above.					
23A. SIGNATURE Newland Edward Day M. D.		23B. ADDRESS 4-8-33rd St Balto 18		23C. DATE SIGNED March 6, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 8, 1951		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) 2 4701 German Hill Rd. Balto. Co.		24E. FUNERAL DIRECTOR Charles S. Geiler		24F. ADDRESS 901 S. Conkling St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 6 - 1951		REGISTRAR'S SIGNATURE Charles S. Geiler			

Mr. Newland E. Day

4 E. 33rd St

Be 1790

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

163
51 2154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2154

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. Mary Lucina Sieffert

2. DATE
OF

DEATH March 5, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Motherhouse of Notre Dame

901 Aisquith Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

901 Aisquith Street 10-0 ✓

E. Length of stay in Baltimore 60 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 14, 1867

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months Days Hours Min.

8 6

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Pittsburgh Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Sieffert

14. MOTHER'S MAIDEN NAME

Mary Louise Danner ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sr. M. Stan. Kostka S.S.N.D. 901 Aisquith

ADDRESS

18. 490 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia, Basal, bilateral

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) myocardial degeneration

10 yrs.

DUE TO

(C) arterial hypertension

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 10, 6, 1949, to March 5, 1951 that I last saw the
deceased alive on March 3, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thelma R. Knight

M. D.

23B. ADDRESS

10 E. Beale St.

23C. DATE SIGNED

Mar 6/51

24A. BURIAL, CREMA-
TION-REMOVAL (Specify)

BURIAL

24B. DATE

3-7-51

24C. NAME OF CEMETERY OR CREMATORY

VILLA MARIA CEM.

24D. LOCATION (City, town, or county)

NATCHEL GIFF NOTWIS

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6-1951

REGISTRAR'S SIGNATURE

Charles J. Zeiler

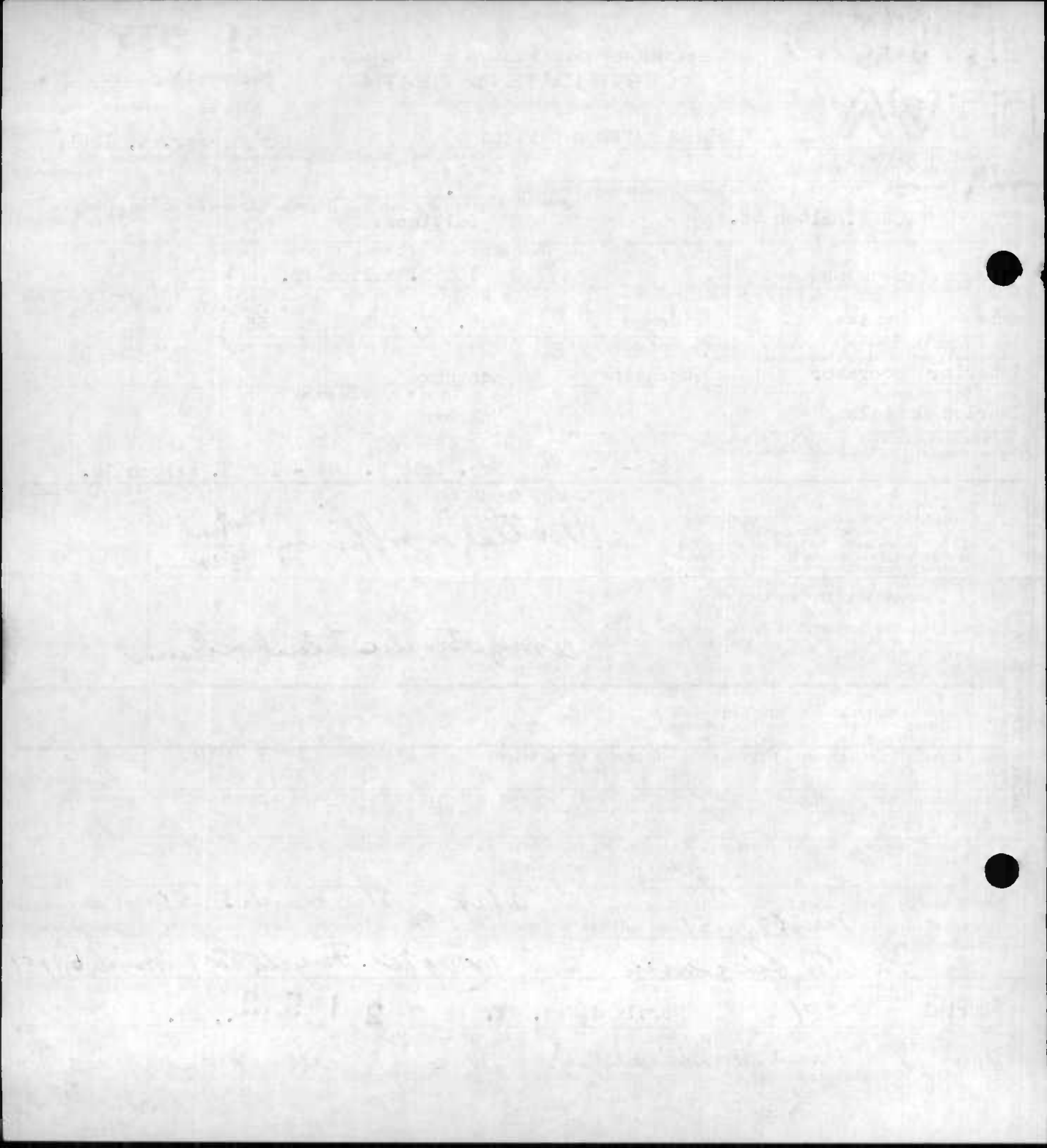
25. FUNERAL DIRECTOR

Charles J. Zeiler 901 S. Conkling St.

ADDRESS

D. 542
51 2155BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2155
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CHARLES MAYWOOD DANIELS	
2. DATE OF DEATH Mar. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 108 N. Hilton St.	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 108 N. Hilton St. 20-07	
8. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
9. SEX male	
10. COLOR OR RACE white	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
12. DATE OF BIRTH Oct. 27, 1892	
13. AGE (In years last birthday) 58	
14. Under 1 Year Months: Days	
15. Under 24 Hours Hours: Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator	
17. KIND OF BUSINESS OR INDUSTRY Decorating	
18. BIRTHPLACE (State or foreign country) Kentucky	
19. CITIZEN OF WHAT COUNTRY?	
20. FATHER'S NAME Charles Daniels	
21. MOTHER'S MAIDEN NAME Unknown	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
23. SOCIAL SECURITY NO. 218-07-9278	
24. INFORMANT ADDRESS Mrs. Lois E. Law - 108 N. Hilton St.	
25. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction, Myocardial (A) Due to Antecedent Causes (B) Due to Myocardial Infarction, Myocardial (C) Due to Myocardial Infarction, Myocardial II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
26. DATE OF OPERATION 0	
27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from 2/18 19 51 to March 3, 1951 that I last saw the deceased alive on March 3, 1951 and that death occurred at 3:00 A.M. from the causes and on the date stated above.	
36. SIGNATURE Milton Fisker M. O. 1829 W. Fayette St. DATE SIGNED March 6, 1951	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial	
38. DATE 3/7/51	
39. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	
40. LOCATION (City, town, or county) (State) Balto., Md.	
41. DATE RECEIVED BY LOCAL REGISTRAR MAR 6 - 1951	
42. REGISTRAR'S SIGNATURE William J. Williams, Jr.	
43. FUNERAL DIRECTOR Wm. J. Lickner & Sons - Balto	
44. ADDRESS 82 Md.	



51 2156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2156

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CONNELLY, Miss Edith

2. DATE
OF
DEATH

MARCH 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHome for Incurables - 7006. 40th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE.

D. STREET ADDRESS (If rural, give location)

B-07

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 1, 1872

9. AGE (In years
last birthday)

79 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thornton Connelly

14. MOTHER'S MAIDEN NAME

AMANDA WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

S. E. ROSS 2568 Edmondson Ave. - City

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO Arteriosclerotic Cardis. Vasc. Disease Several years

ANTECEDENT CAUSES

(B) Senile Pulmonary Emphysema

DUE TO

Several years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from February 1st, 1938, to March 5th, 1951, that I last saw the
deceased alive on March 5th, 1951, and that death occurred at 12³⁰ P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Conrad Wolff

M. D.

23B. ADDRESS

11 East Chase St. Baltimore, Md.

23C. DATE SIGNED

March 5th 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Crest.

24D. LOCATION (City, town, or county)

York - Hedua.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 - 1951

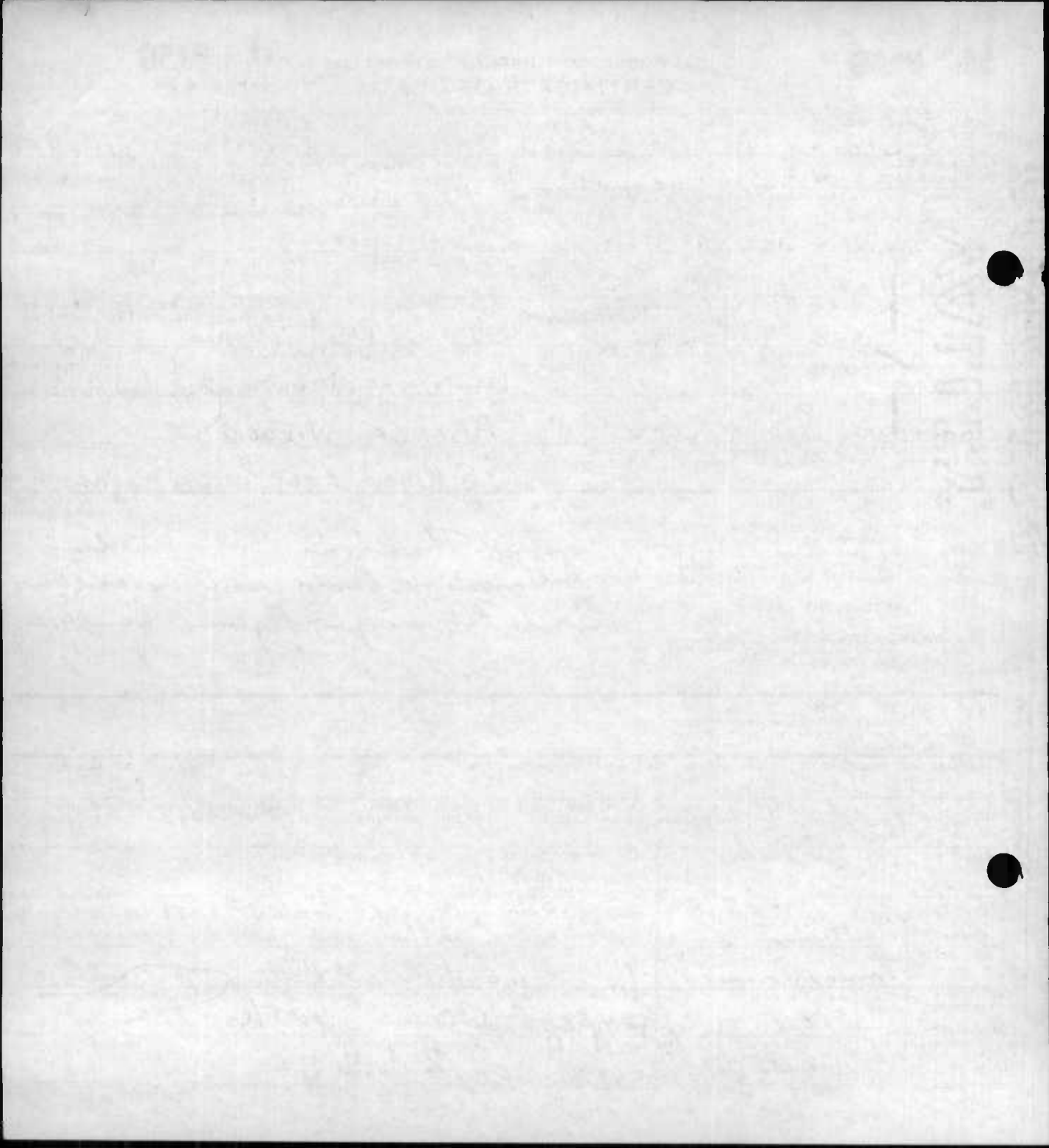
REGISTRAR'S SIGNATURE

William J. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Williams, Jr. - Balto. Md.

ADDRESS



51 2157
R-300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA RAITH

2. DATE
OF
DEATH

Mar. 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Hood Nursing Home

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Arbutus----

D. STREET ADDRESS (If rural, give location)

1257 Circle Drive

5300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

Female

white

widowed

Feb. 18, 1870

81

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fred Deisruth

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles F. Raith - 1257 Circle Drive

18.

151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-1951 to 3-4-1951, that I last saw the deceased alive on 3-4-1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltor, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

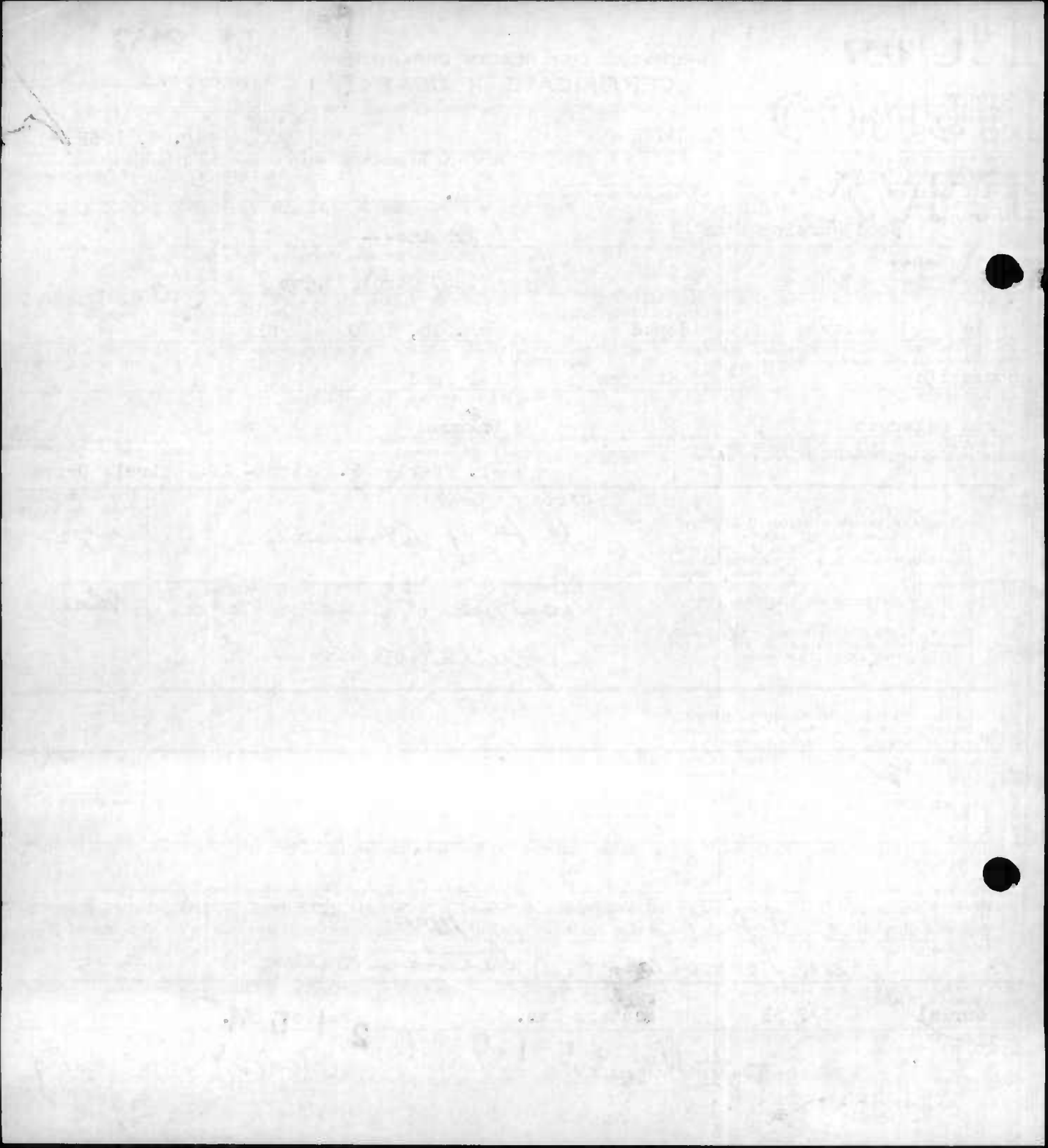
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6-1951

46 B



K-610

51 2158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2158

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NICHOLAS

KIRCHHOFF

2. DATE
OF
DEATH

March 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

310 S. Norris Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

310 S. Norris Street

19-03

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/2/1867

9. AGE (In years
last birthday)

74

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Farm laborer

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

No Record

14. MOTHER'S MAIDEN NAME

Catherine Kerchhoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mary Weidner 310 Norris St.

18. 477-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dunbar

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 6, 1951

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/51

24C. NAME OF CEMETERY OR CREMATORY

Greensboro

24D. LOCATION (City, town, or county) (State)

Greensboro, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 6 - 1951

REGISTRAR'S SIGNATURE

Stanley S. Dunbar

FUNERAL DIRECTOR

R.B. Rawlings Greensboro, Md.

ADDRESS

VS 151

820 10

93D

correct age is especially important. In all instances, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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A-352

51 2159

51 2159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred E. Adams

2. DATE
OF
DEATH

3/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1301 W. Cross St.

D. STREET ADDRESS (If rural, give location)

1301 W. Cross St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

Female white

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

3/2/1906

9. AGE (In years last birthday)

45

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHICH COUNTRY?

USA

13. FATHER'S NAME

William H. Scheckella

14. MOTHER'S MAIDEN NAME

Annie E. Horrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas E. Adams 1301 W. Cross St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Essential Hypertension

Severe

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-5, 1951, to 3-5, 1951, that I last saw the deceased alive on 3-5, 1951, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

23B. ADDRESS

1227 Wash. Blv'd

23C. DATE SIGNED

3-6-51

24A. BURIAL, CREMATION REMOVAL (Specify)

Burial

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATOR

New Cathedral

24D. LOCATION (City, town, or county) (State)

4305 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John P. Unbeck, Jr.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

832 St.

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be organized into several paragraphs and possibly includes a list or table structure.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2160**

BIRTH NO. **51 2160**
G-640

1. NAME OF DECEASED
(Type or Print)

OTTO GREUL

2. DATE OF DEATH

March 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Branch Transport Co. Kresson Str.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto., Md.

D. STREET ADDRESS (If rural, give location)

218 N. Chester Street

6-04

Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

WH

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-5-89

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Motor Transport

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Greul

14. MOTHER'S MAIDEN NAME

Rosa Kiemle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Agnes Greul

ADDRESS
218 N. Chester Street

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

HYPERTENSIVE AND

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection + Inq.** thereon and from the evidence obtained by said **Autopsy, Inspection or Inquiry**, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-7-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

Stanley H. Dineen

25. FUNERAL DIRECTOR

W. J. G. G. G.

ADDRESS

403 S. Wolfe Street

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

THIS IS TO CERTIFY that on the _____ day of _____ 19____
at _____ in the County of _____

DECEASED

AGE _____

SEX _____

CAUSE OF DEATH

PLACE OF DEATH

CERTIFICATE CORRECTED

3-14-51

51 2161

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES F MARCINSKI

2. DATE
OF
DEATH

MAR 4 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Baltimore

B. COUNTY

md

8. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3412 Mt Pleasant Ave

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

md

D. STREET ADDRESS (If rural, give location)

3412 Mt Pleasant Ave

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr 26 - 1891

9. AGE (In years last birthday)

60 yrs

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

Barber

11. BIRTHPLACE (State or foreign country)

Balto md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Annette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife

ADDRESS

Same

18. 153 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CANCER OF DESCENDING COLON 4 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 5, 1950

19B. MAJOR FINDINGS OF OPERATION

CANCER OF LARGE BOWEL & REGIONAL METASTASIS

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JULY 5, 1950, to MARCH 4, 1951, that I last saw the deceased alive on MARCH 4, 1951, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin H. Watson

M. D.

23B. ADDRESS

121 S. HIGHLAND AVE.

23C. DATE SIGNED

3/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-8-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Balto - md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

Benjamin H. Watson

25. FUNERAL DIRECTOR

Fred Zeiler 403 S. Noel St

ADDRESS

1911

BALFOUR OF HEALTH DEPARTMENT

CENTRAL B.O. OF DEATH

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51 2162BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2162
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH HENSON DAVIS

2. DATE
OF
DEATH

3-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 University Hospital

Length of stay in Baltimore

40

Yrs
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

328 N. Bruce St

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-17-1912

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

13. FATHER'S NAME

Walter Davis

14. MOTHER'S MAIDEN NAME

Carrie Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. B. ROBINSON - 405 N. FREMONT

18.

456 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bronchopneumonia

DUE TO

(C)

Disseminated Lupus Erythematosus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1957, to 3-5-1957, that I last saw the
deceased alive on 3-5, 1957, and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Huffer, D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

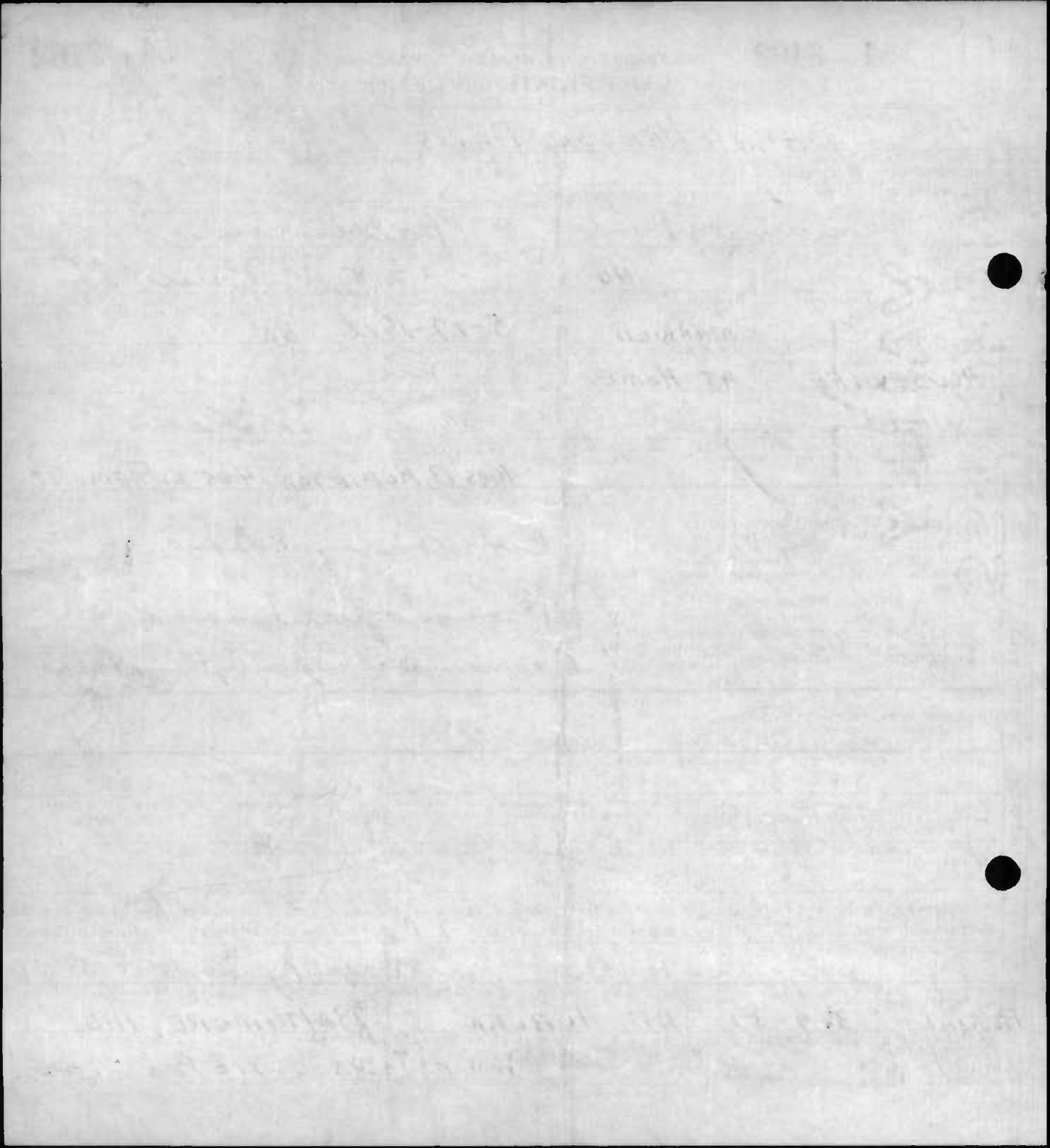
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

MAR 7 - 1951

Wm. A. JACKSON - 916 PENNA. AVE.



51 2163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEXANDER

PROPER

2. DATE
OF
DEATH

March 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

28-03

D. STREET ADDRESS (If rural, give location)

4219 Norfolk Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Apr. 3, 1898

9. AGE (In years

last birthday)

52

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRINTER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Scranton, Pa

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HERMAN

14. MOTHER'S MAIDEN NAME

RIFKA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WAR I

16. SOCIAL SECURITY NO.

216-03-8637

17. INFORMANT

ADDRESS

WIFE - ROSE PROPER - SAME

18. 452X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured cerebral aneurysm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dunlacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Arlington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis Inc - 2100

ADDRESS

Fair Pl

635
51 2164BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2164

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA S. BRITAIN

2. DATE
OF
DEATH

3/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PROVIDENT HOSPITAL

Yrs.
Mos.
Days

Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

13. FATHER'S NAME

Wm. Satterfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.
NONE4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

17-02

D. STREET ADDRESS (If rural, give location)

1116 DIVISION ST.

8. DATE OF BIRTH

11/3/1875

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Martha

17. INFORMANT

ADDRESS

EDWARD BRITAIN, 1106 MYRTLE AV.

18. 561.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Strangulated Ventral Hernia

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Ventral Hernia

5 yrs.

(C)

Myocardial Failure

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-1951 to 3-4-1951, that I last saw the
deceased alive on 3-4-1951 and that death occurred at 5:35 p.m., from the causes and on the date stated above.

22A. SIGNATURE

H. H. Smith, M.D.

22B. ADDRESS

M. D. 1543 Penna. Ave.

22C. DATE SIGNED

3/6/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHARLES G. COOPER-512 CARROLLTON AV.

MAR 7 - 1951

VS 150

Charles G. Cooper

122a

MEDICAL CERTIFICATION

LETTER

My dear Sir,

I have the pleasure to inform you

that your letter of the 10th inst.

has been received.

I am sorry to hear

that you are not well.

I hope you will soon

be able to return to your duties.

450

51 2165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2165

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles F. Mallon</i>			2. DATE OF DEATH <i>Mar 5th 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1962 Perlman Place</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1962 Perlman Place</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 16th 1877</i>	9. AGE (In years last birthday) <i>73</i>	10. CITIZEN OF WHAT COUNTRY? <i>Md.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Marble cutter</i>			11. CITIZEN OF WHAT COUNTRY? <i>Md.</i>		
13. FATHER'S NAME <i>August Mallon</i>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Lenora Mallon</i>			ADDRESS <i>1962 Perlman Place</i>		

18. <i>443X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>hypertension and chronic myocarditis</i>	<i>3 yrs.</i>
ANTECEDENT CAUSES	(B) <i>arterio-sclerosis</i>	<i>5 yrs.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>hypertensive hemia</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June*, 19*50*, to *Mar. 5*, 19*51*, that I last saw the deceased alive on *3-5*, 19*51*, and that death occurred at *10:05 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>John Moore</i>	23B. ADDRESS <i>3105 Belair Rd</i>	23C. DATE SIGNED <i>3-6-51</i>
-------------------------------------	---------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 8th 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto Bnd 2</i>	24D. LOCATION (City, town, or county) (State) <i>E. North Ave. Est</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1951</i>	REGISTRAR'S SIGNATURE <i>Stuntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Leo S.brook</i>	ADDRESS <i>1703 N. Patterson Park</i>

58439

937 ave

3165 Nelson Blvd
Hoffman
Eastman 0940

51 2166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2166
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha B. Jackson.

2. DATE
OF
DEATH

March 5, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1461 N. Carey St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore.

15-01

D. STREET ADDRESS (If rural, give location)

1461 N. Carey St.

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

C

married

June 8, 1911/39

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

Robert C. Jackson. 1461 N. Carey St.

18. 434.71

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Myocarditis 9 days
Paradoxic Asthma 2 mb

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

No

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 15th, 1951, to Mar 5th, 1951, that I last saw the
deceased alive on Mar 5th, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

Huntington Williams

Mrs Kate R. Williams Schwedler St

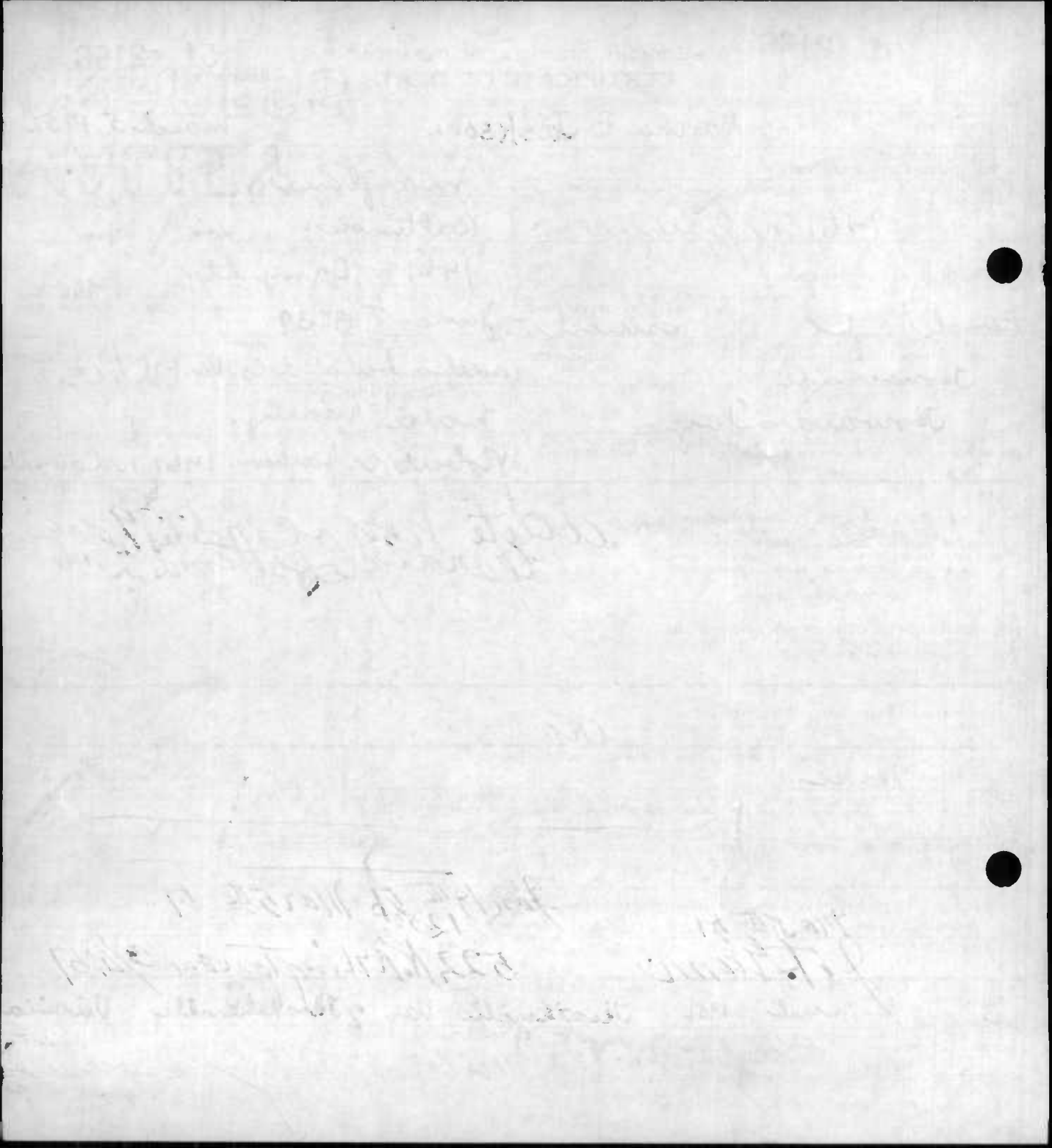
VS 150

930

MEDICAL CERTIFICATION

250

Correct age is especially important. In infants, print the exact date of birth.



436
51 2167Baltimore City Health Department
CERTIFICATE OF DEATH

Registered No.

51 2167

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Caldwell Addridge

2. DATE
OF
DEATH3/2/51 7³⁰ PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2662 Presbury St

27 - Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

2662 Presbury St

5. SEX

Male

6. COLOR OR RACE

Cauc

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 16, 1918

9. AGE (In years last birthday)

32

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pen Boy

10B. KIND OF BUSINESS OR INDUSTRY

Bowling Alley

13. FATHER'S NAME

William Addridge

11. BIRTHPLACE (State or foreign country)

McDaniel, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 2662

Mrs Ethel A. Harrison - Presbury St

18. 434.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

9 days

about 2 mo.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18th, 1951, to Mar 5th, 1951, that I last saw the deceased alive on 3/5, 1951, and that death occurred at 12:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

G. H. Gumm M. O.

23B. ADDRESS

572 N. Arlington Ave

23C. DATE SIGNED

3/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

2 Washington, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. H. Williams

25. FUNERAL DIRECTOR

Mrs Kate R Williams

ADDRESS 322 N

Schwartz St

VS 150

732 FL

93a

1915

1915

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520
51 2168BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2168

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FERDINAND

THOMAS

2. DATE
OF
DEATH

March 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

507 N. Central Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept 10 - 1884

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George Thomas

14. MOTHER'S MAIDEN NAME

Erian Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-18-7580

17. INFANT

ADDRESS

Ida Thomas 1236 Edythe St

18. E904.9 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

~~X~~ Subdural hemorrhage

ANTECEDENT CAUSES

(B) Contusion of brain

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.~~X~~ Fracture of neck

(C) Contusion of head

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Unknown

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Unknown

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Unknown

21E. INJURY OCCURRED
WHILE ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Presumably fell while intoxicated (over

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
March 5, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

VS 151

N-804.2

78095

186a

Mr. Boyle gave verbal message

"Deceased found dead in bed,

injuries listed, means, etc--?

321
51 2169Litchfield
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2169
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Litchfield, Grafton</i>		2. DATE OF DEATH <i>3/5/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-12</i>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2508 (W) Mid Park Ave.</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>5</i>	8. DATE OF BIRTH <i>2-9-1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>S & O R.R. Conductor</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Grafton Litchfield</i>		14. MOTHER'S MAIDEN NAME <i>Mary Jane Galsien</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes Philippine</i>		16. SOCIAL SECURITY NO. <i>md.</i>	
17. INFORMANT <i>Mrs. Katherine Schuman</i>		ADDRESS <i>3247 Notmount Ave.</i>	

CAUSE OF DEATH

18. *199.3*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Carcinomatous, primary*
DUE TO
site unknown

INTERVAL BETWEEN ONSET AND DEATH

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12-2, 1950* to *3-5, 1951* that I last saw the deceased alive on *3-5, 1951* and that death occurred at *5:45 A.M.* from the causes and on the date stated above.

23A. SIGNATURE <i>Edwin M. Hubbard</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>3/5/51</i>	
---	--	---	--	-----------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-8-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Lutheran</i>		24D. LOCATION (City, town, or county) (State) <i>Carroll Co., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. ...</i>		25. FUNERAL DIRECTOR <i>G. Howard Strong</i>		ADDRESS <i>3207 W. North Ave.,</i>	

We note the primary site
of the malignancy is unknown.

However, if possible, please state
a more definite anatomical location
of the malignancy.

Primary site unknown:

Anatomical location at time of death--

"Carcinoma, intestinal tract. marked metastasis to liver"

See Document File 51-2169

4/2/51

ES

1914

CERTIFICATE OF DEATH

1914

1914

1914

1914

1914

1914

560
51 2171BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2171
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE ANTHONY LIMMER

2. DATE
OF
DEATH

3/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2637 CECIL AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

Rural

D. STREET ADDRESS (If rural, give location)

2800 MAPLE AVE. 5300

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Sept. 12, 1871

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WOODTURNER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO.-MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARG. HAND. 2637 CECIL AVE

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF CECUM

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C) GENERALIZED ARTERIOSCLEROSIS

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from JUNE 1, 1949, to MARCH 7, 1951, that I last saw the
deceased alive on MARCH 7, 1951, and that death occurred at 7:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

VS 150

5305 Hayford Rd

46E

616 51 2172

51 2172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE Belle Crawford

2. DATE
OF
DEATH

3-7-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

COUNTY

C. CITY OR TOWN (If outside corporate limits, give full name of city and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1015 Forest St. Jones

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

3-19-1890

9. AGE (In years, last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Ennis

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles H. Crawford 1015 Forest St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

4 days

DUE TO

Hypertension in Arteriosclerosis

(B)

Coronary Artery Disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-2-57, 19, to 3-7-57, 19, that I last saw the deceased alive on 3-7-57, 19, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-7-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/57

24C. NAME OF CEMETERY OR CREMATORY

St Mary's

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck, Jr. 3615-17 Chestnut Ave.

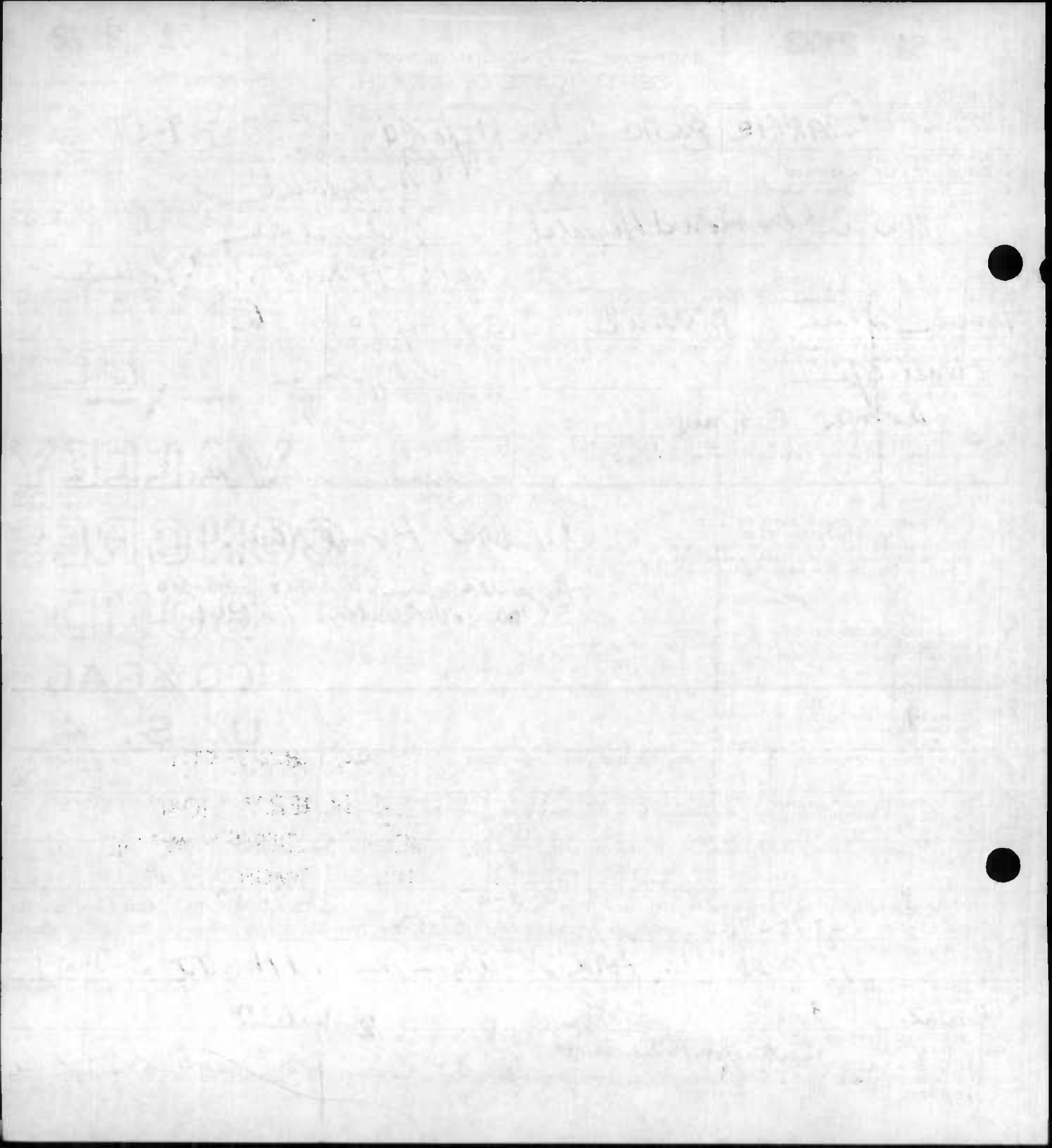
MAR 7 - 1957

VS 150

93D

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

625 51 2173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2173
Registered No.

BIRTH NO. 50-12567

1. NAME OF DECEASED (Type or Print) <u>Barbara Harrison</u>		2. DATE OF DEATH <u>Mar. 6, '51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>JOHN HOPKINS HOSPITAL</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY <u>Harford</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chesden</u>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>139 Branham Rd. - 6200</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-15-50</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>8</u> If Under 1 Year: Months: <u>21</u> Days: <u>21</u> If Under 24 Hours: Hours: <u>21</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Herbert Merritt Harrison</u>		14. MOTHER'S MAIDEN NAME <u>Dorothy Dixon</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHN HOPKINS HOSPITAL</u>		ADDRESS	

18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Congenital Heart Disease 8 mos
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>3/6/51</u>	19B. MAJOR FINDINGS OF OPERATION <u>Congenital heart disease</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950 to Mar 6, 1951, that I last saw the deceased alive on Mar. 6, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE Lee W. Bass M. D. 23B. ADDRESS JOHN HOPKINS HOSPITAL 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Mar. 9th. 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Park Wood Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Maryland.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 7 - 1951</u>	REGISTRAR'S SIGNATURE <u>Amington Williams</u>	25. FUNERAL DIRECTOR <u>Henry Tarrington & Sons Chesden</u> ADDRESS <u>157 E. end.</u>	

CERTIFICATE OF DEATH

1918

1918

1918

1918

1918

1918

1918

1918

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60051 2174

51 2174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Melvin Moore

2. DATE
OF
DEATH

March 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1443 n. Parrish st

C. CITY OR TOWN

(If outside corporate limit, written U.S.A.L. and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1443 n. Parrish st

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1914

9. AGE (in years
last birthday)

36

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 002X I

19. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

20. ANTECEDENT CAUSES

21. DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

22. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

26. YES ☐ NO ☒

27. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

28. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

29. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

30. TIME (Month) (Day) (Year) (Hour)
OF INJURY

31. INJURY OCCURRED

32. HOW DID INJURY OCCUR?

33. I hereby certify that I attended the deceased from 10-2-1950 to 3-6-1951, that I last saw the
deceased alive on 3-3-1951, and that death occurred at 4 A.M., from the causes and on the date stated above.

34. SIGNATURE

35. ADDRESS

36. DATE SIGNED

37. BURIAL, CREMA-
TION, REMOVAL (Specify)

38. DATE

39. NAME OF CEMETERY OR CREMATORY

40. LOCATION (City, town, or county) (State)

41. DATE RECEIVED BY
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

43. FUNERAL DIRECTOR

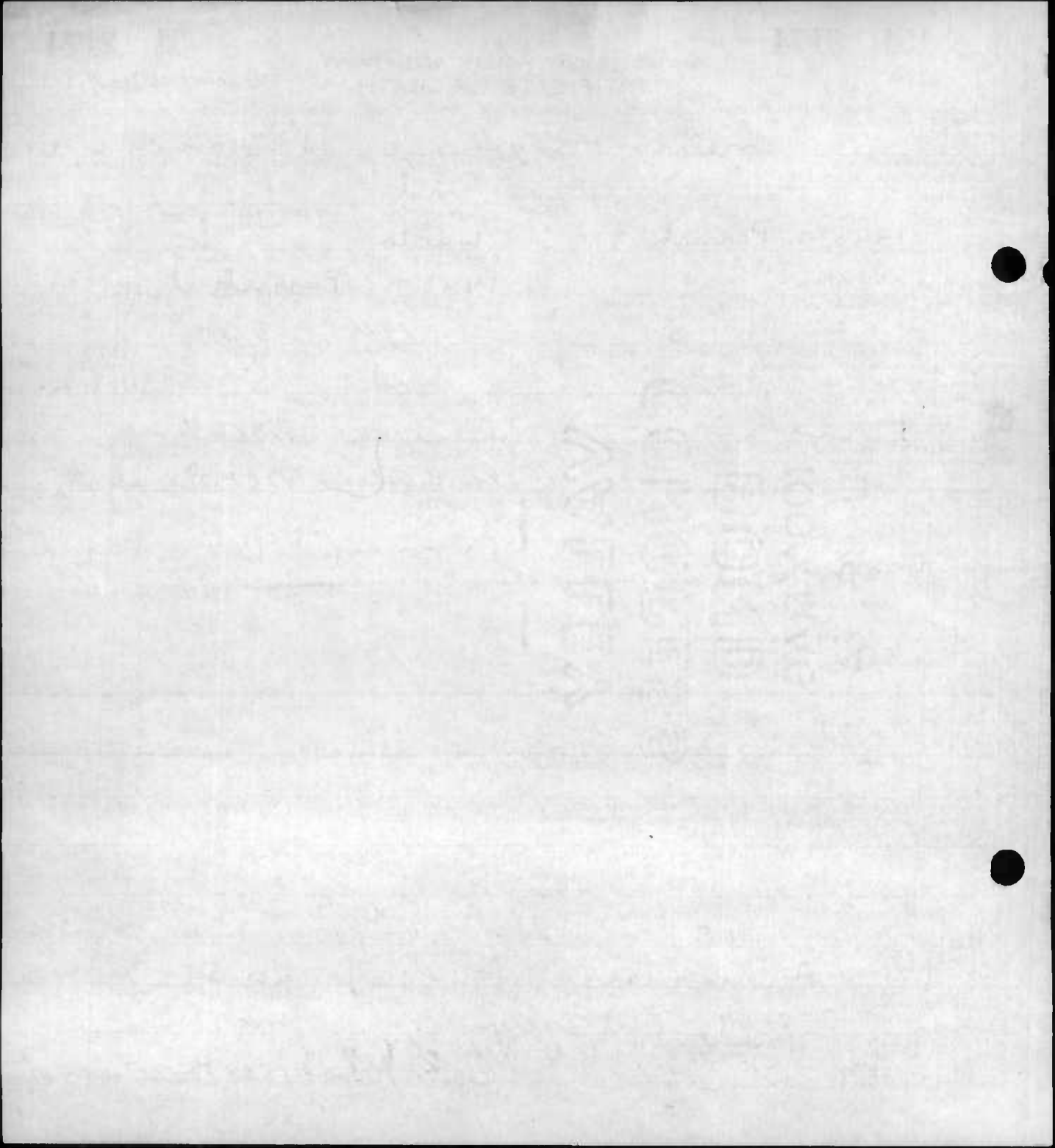
44. ADDRESS

45. MAR 7-1951

46. VS 150

47. 97099

48. 13B



240
51 2175BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2175
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. Gissel

2. DATE
OF
DEATH

3-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)STATE
Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1126 N. Longwood St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 9, 1897

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALES MAN

10B. KIND OF BUSINESS OR
INDUSTRY

Lithographing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William John Gissel

14. MOTHER'S MAIDEN NAME

Anna M. Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

(If yes, give war or dates of service)
World War I16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Barbara M. Gissel - 1126 N. Longwood

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of rectum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1951, to 3-6, 1951, that I last saw the
deceased alive on 3-6, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Juan Mendoza M. O.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

3-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/51

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk. 2 Howard Co., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

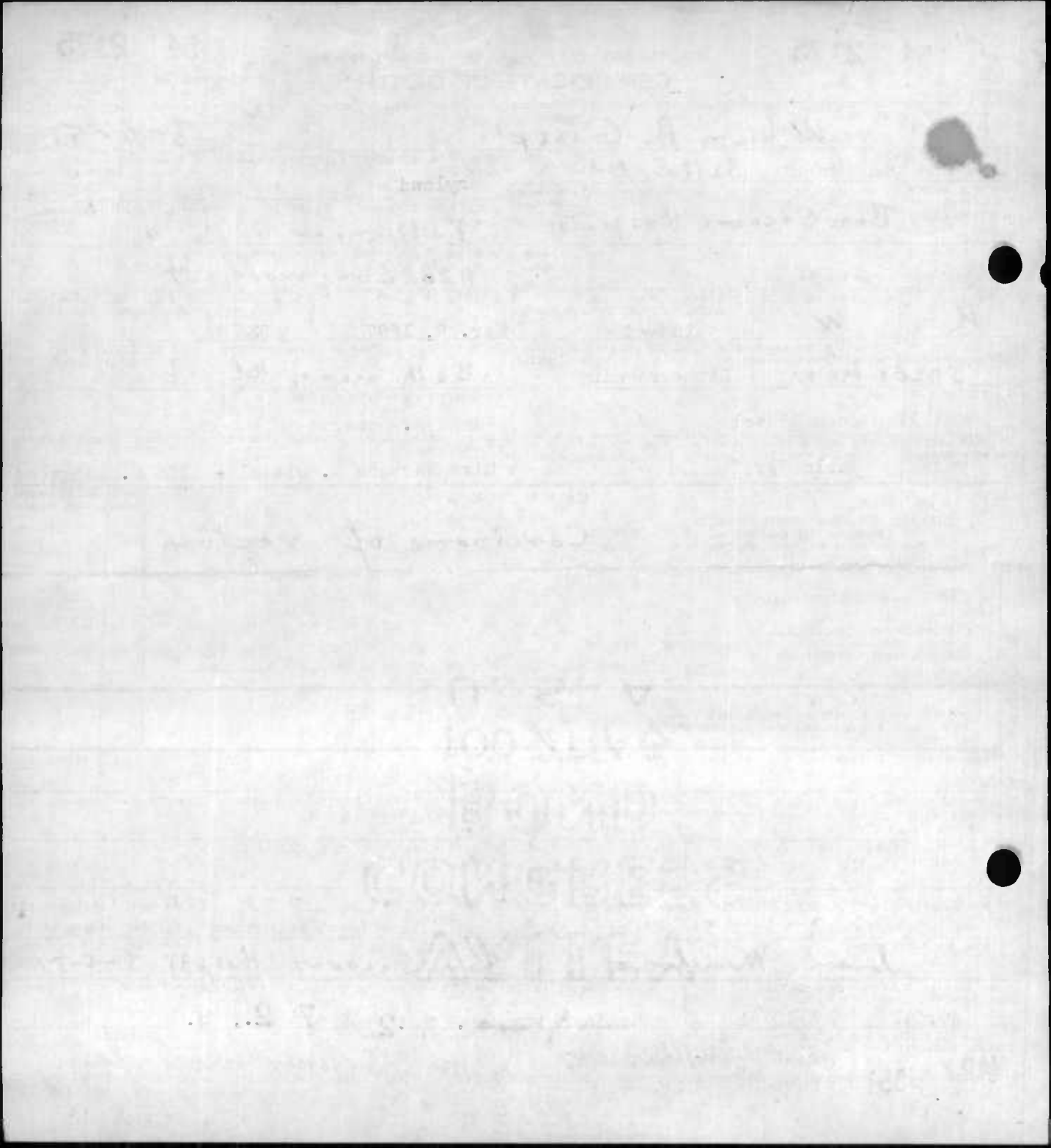
Wm. J. Lickner & Sons - Balt. Md.

MAR 7 - 1951

VS 150

4804M

46D



2-140

51 2176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2176
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD RIPLEY

2. DATE
OF
DEATH

Mar. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1603 Eutaw Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 9, 1887

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Steelworker

Steel

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-- -- Maisencup

14. MOTHER'S MAIDEN NAME

-- Sherman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Ripley - 1603 Eutaw Place

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cerebral Embolism

INTERVAL BETWEEN
ONSET AND DEATH

7 days

Bronchial Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 27, 1951, to March 2, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/8/51

Meadowridge Mem. Pk.

2 Toward Co., Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

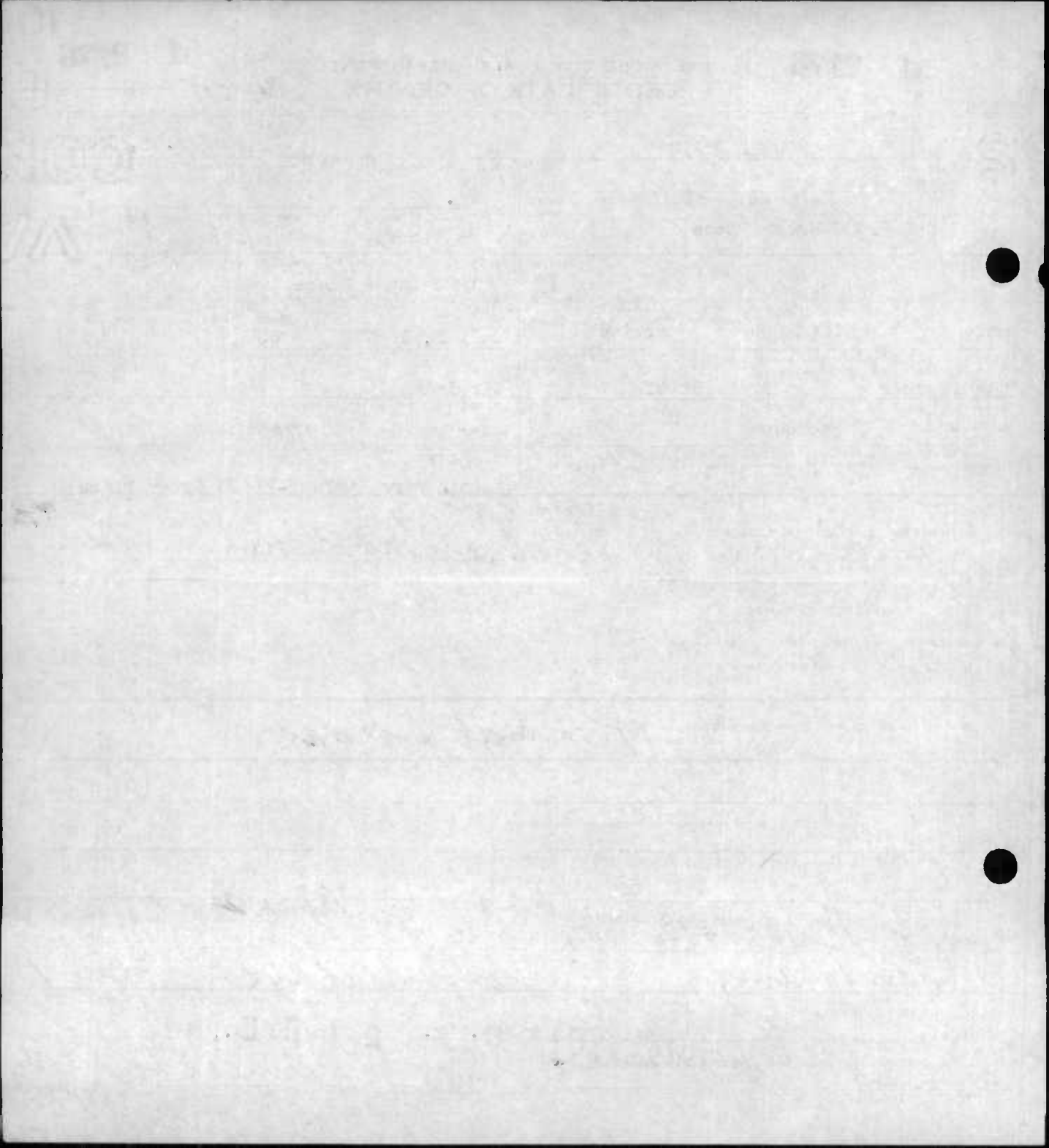
MAR 7 - 1951

VS 150

690 2A

830 Md.

MEDICAL CERTIFICATION



530

51 2177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2177

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN GREGG SMITH

2. DATE

OF DEATH Mar. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Cecil Apts. - 1123 N. Eutaw St.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1123 N. Eutaw St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

June 24, 1879

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Smith

14. MOTHER'S MAIDEN NAME

Ida Mary Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Alice Smith - 1123 N. Eutaw St.

18. 7220

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatoid Arthritis

30 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1950, to March 6, 1951, that I last saw the deceased alive on 3/3, 1951, and that death occurred at 7A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATORY

Elkton Cem. 2 Elkton Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

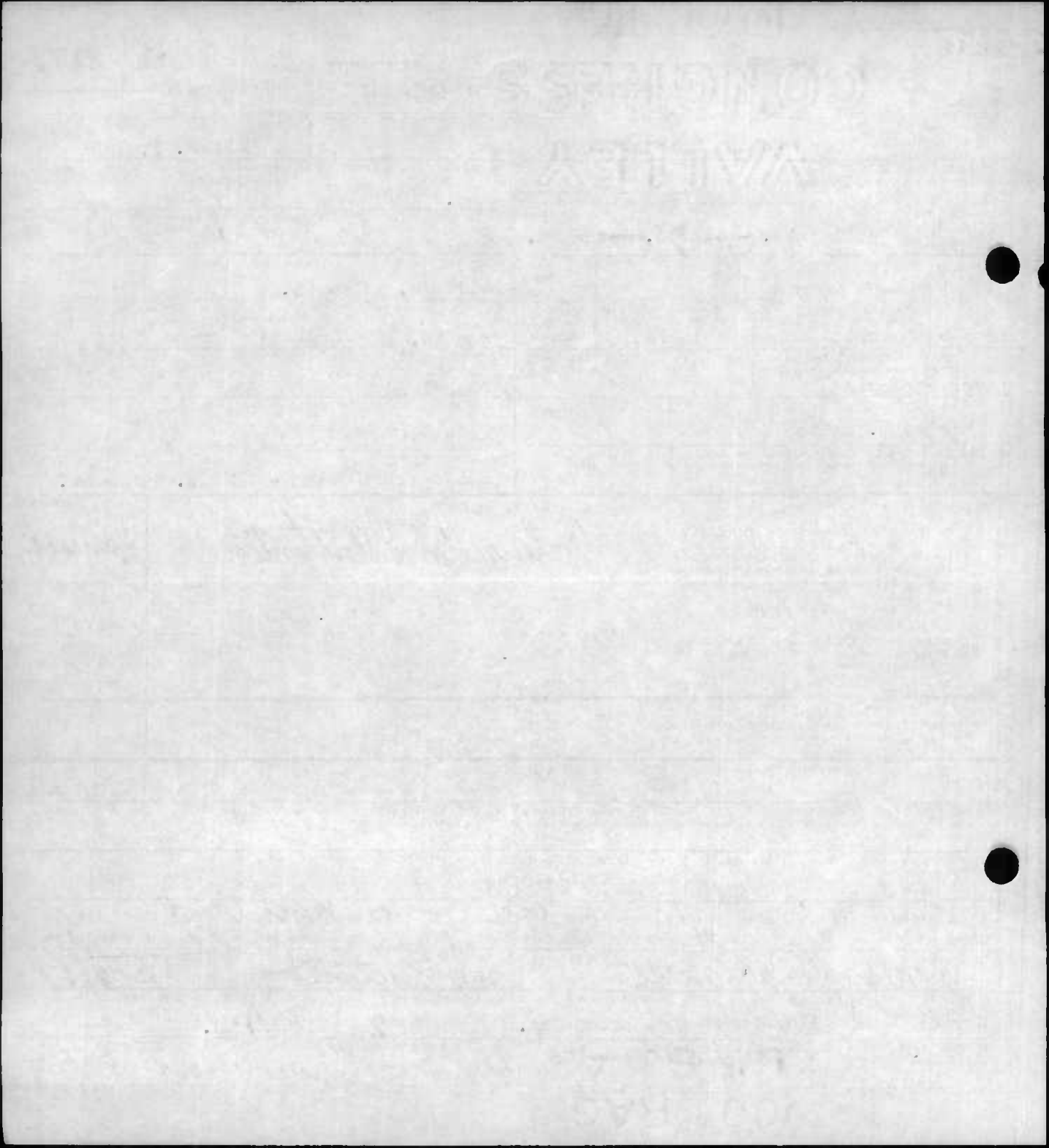
25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

VS 150

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42051 2178
REA-15601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2178

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Blouse

2. DATE
OF
DEATH

Mar. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 2, 1871

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? ?

14. MOTHER'S MAIDEN NAME

? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

14 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

14 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-6, 1919 to 3-2, 1951, that I last saw the deceased alive on 3-2, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

4940 Eastern Avenue

3-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATORY

New Freedom Cemetery

24D. LOCATION (City, town, or county) (State)

New Freedom, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

93D

351 51 2179

51 2179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES J. STUMP

2. DATE
OF
DEATH

Mar. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2920 Ellicott Drive

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2920 Ellicott Drive

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. CDLDR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 9, 1871

9. AGE (In years,

last birthday)

79

11. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR

INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hiram Douty

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFIRMANT

ADDRESS

Mrs Lawson Armentrout, 2920 Ellicott Drive

18. 570.5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 Days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Mar 5, 1951, to Mar 5, 1951, that I last saw the deceased alive on Mar 5, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/8/51

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

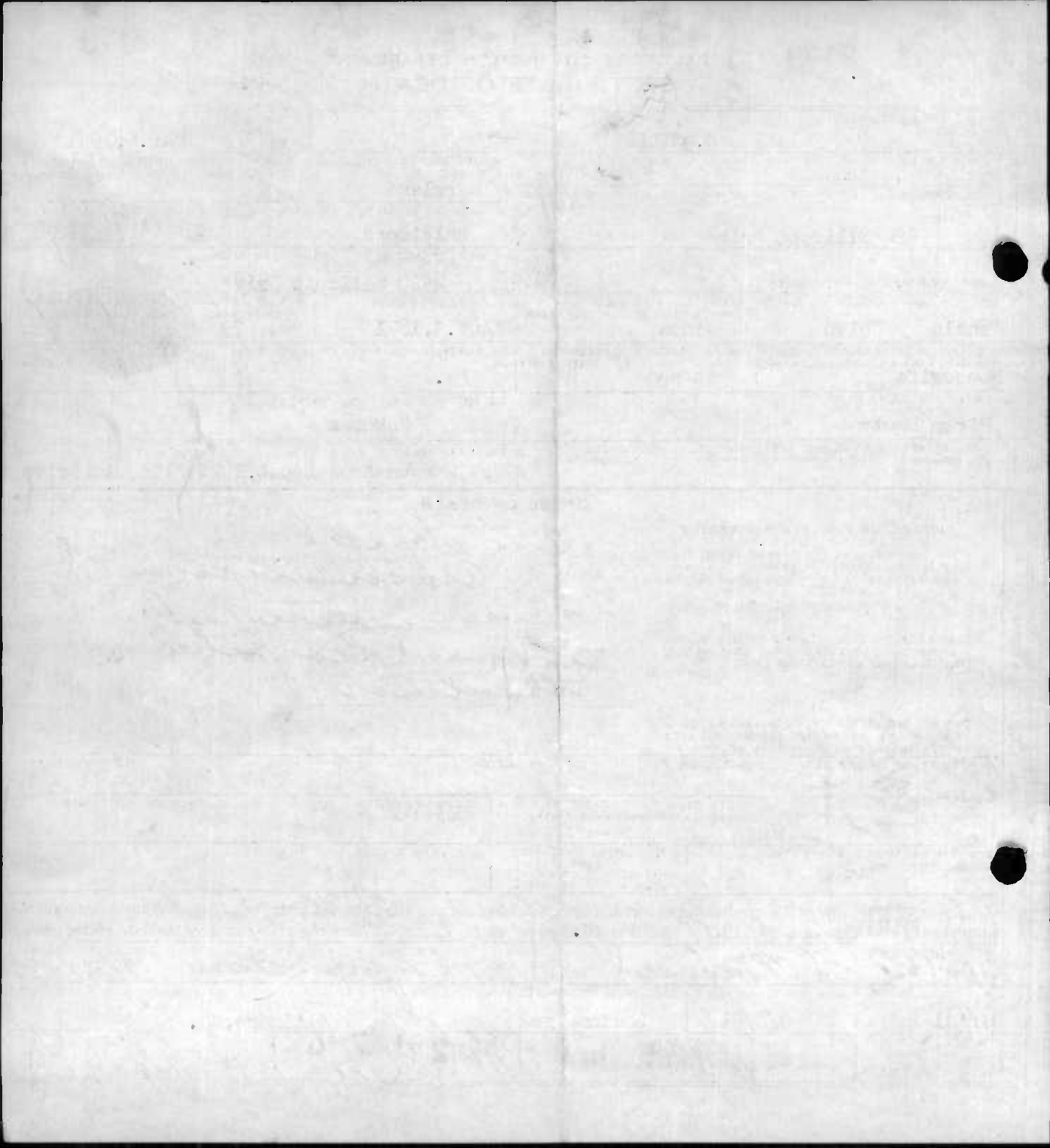
ADDRESS

MAR 7 - 1951

M. G. Williams

M. G. Williams

1219 St Paul St



253

51 2180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2180

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E Housand

2. DATE
OF
DEATH

March 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 918 Ridgeley St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write full name of town, city, and give township)
Baltimore, Md. 21-01

C. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
918 Ridgeley Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

July 29, 1878

9. AGE (In years,
last birthday)

72

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas E Christian

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marie Johnson 1745 Covington St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Occlusion

1-2 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Coronary artery atherosclerosis

10-15 yr

DUE TO

Generalized arteriosclerosis

10-15 yr

(C)

Hypertrophic cardiomyopathy - generalized

10-15 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1951, to March 5, 1951, that I last saw the deceased alive on 3-5-51, 1951, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. PLACE OF DEATH

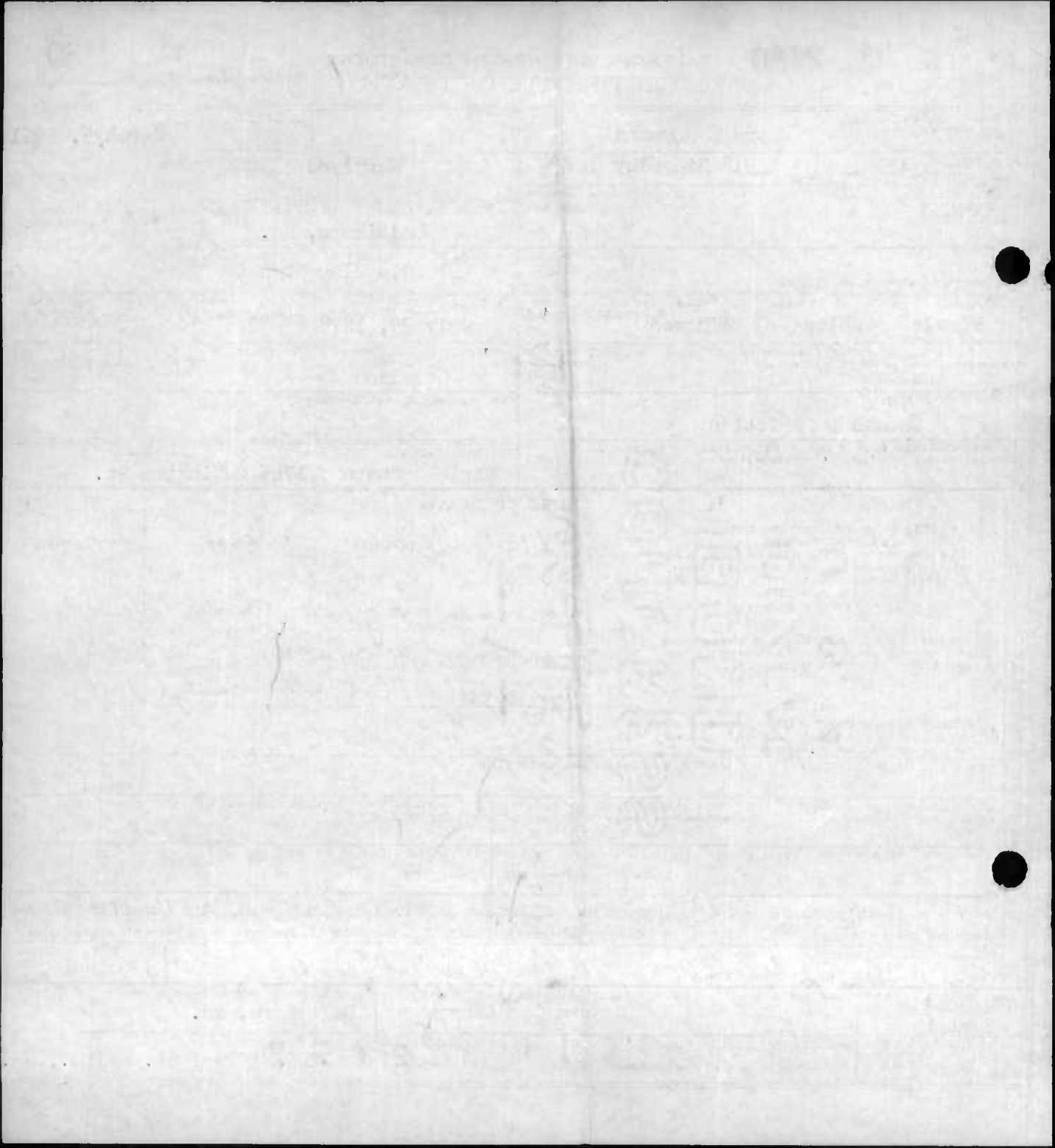
ADDRESS

MAR 7 - 1951

Wm. Cook

1217 St Paul St. Balto., Md.

94a



30051 2181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2181

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Morton Scott

2. DATE
OF
DEATH

Mar. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital (DOH)

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

12-06

D. STREET ADDRESS (If rural, give location)

2112 St. Paul St.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/19/1872

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stock Broker

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Scott

14. MOTHER'S MAIDEN NAME

Annie E. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

6711 Soldiers St.
Gen. James Scott II Cherry Chase Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Hammer, Jr.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Mar. 6, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

1 Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

Wm. H. Hammer, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

1918

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK
DEPARTMENT OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2182
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MAGDELENE REGAN

2. DATE
OF
DEATH

Nov. 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Baltimore Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Union Memorial Hospital location)
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-03

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1305 Lakeside Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Mar. 11, 1894

9. AGE (In years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, also if retired)

Homemaker + Post. Rm. Mng.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Lederer

14. MOTHER'S MAIDEN NAME

Elizabeth Reep

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Husband - Thomas J. Regan

Lans

18. 57051

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intestinal Necrosis

56 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intestinal Obstruction

DUE TO

(C) Pelvic Adhesions

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Mar 5, 1951, to Mar 5, 1951, that I last saw the
deceased alive on Mar 5, 1951, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Francis H. Ware

23B. ADDRESS

Union Memorial Hosp.
3324 Calver St. Balto.

23C. DATE SIGNED

Mar. 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/8/51

Cathedral

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

Huntington Williams, Inc.

2500 Rte. 1217 St. Paul St.

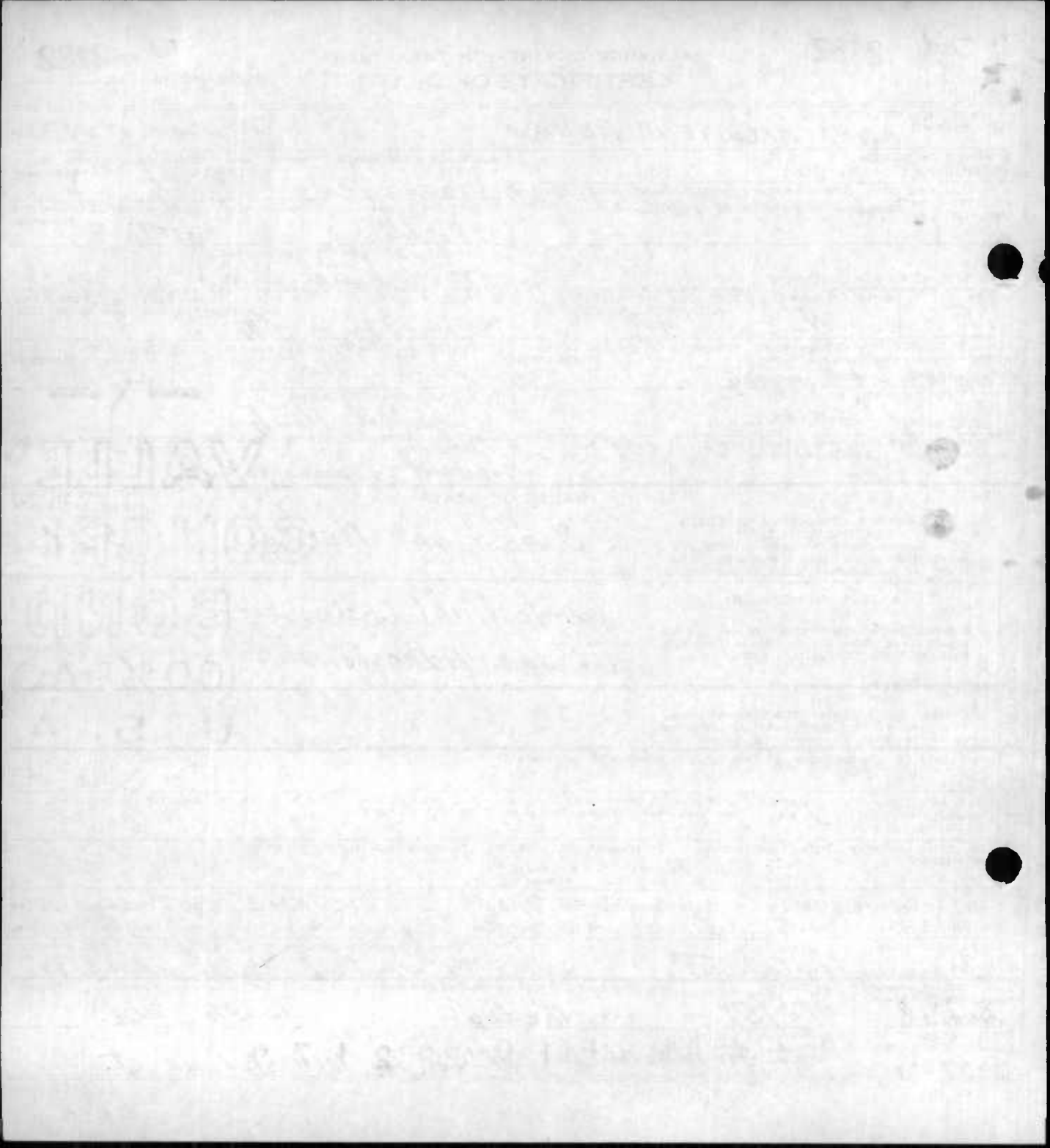
VS 150

39044

122B

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51251 2183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2183

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNAE THOMPSON

2. DATE
OF
DEATH

MAR 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JONES HOPKINS HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

54 S. CARROLLTON AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9-6-79

9. AGE (In years)

74 7/1

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

James H. Scott

14. MOTHER'S MAIDEN NAME

Mary H. Wilkerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Walter V. Conelius 54 S. Carrollton Ave. JONES HOPKINS HOSPITAL

18. 786.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition, advanced, cause unknown.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-1951, to 3-6-1951, that I last saw the deceased alive on 3-6-1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lorraine Williams

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

3/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

Lorraine Williams

25. FUNERAL DIRECTOR

ADDRESS

W.B. 2400 1217 St. Paul St

VS 150

200a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

409 2184

LEONA Cole
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2184
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cole, Leona

2. DATE
OF
DEATH

3/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. ~~Single~~ ~~Married~~WIDOWED, ~~Divorced~~ (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

24-03

D. STREET ADDRESS (If rural, give location)

113 E. Hamburg Street

8. DATE OF BIRTH

March 17, 1875

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James L. Blower

14. MOTHER'S MAIDEN NAME

? Link

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, on or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Oscar W. Cole, 113 E. Hamburg St.

18. 450.0 and E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Y

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia; Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fracture Surgical Neck, H. FERTIFICATION APPROVED BY

DUE TO

(C) Arteriosclerosis, Senility Stanley K. Demaree

CHIEF OR FOOT: MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

113 E Hamburg Street.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2/27/51 @ 8 P. m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fall - slipped and fell to floor

22. I hereby certify that I attended the deceased from Feb. 25, 1950, to March 6, 1951, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. H.

M. D.

23B. ADDRESS

South Baltimore Gen Hosp.

23C. DATE SIGNED

3-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

Bluefield

24D. LOCATION (City, town, or county)

Bluefield, West Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 E. Paul St.

ADDRESS

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-500

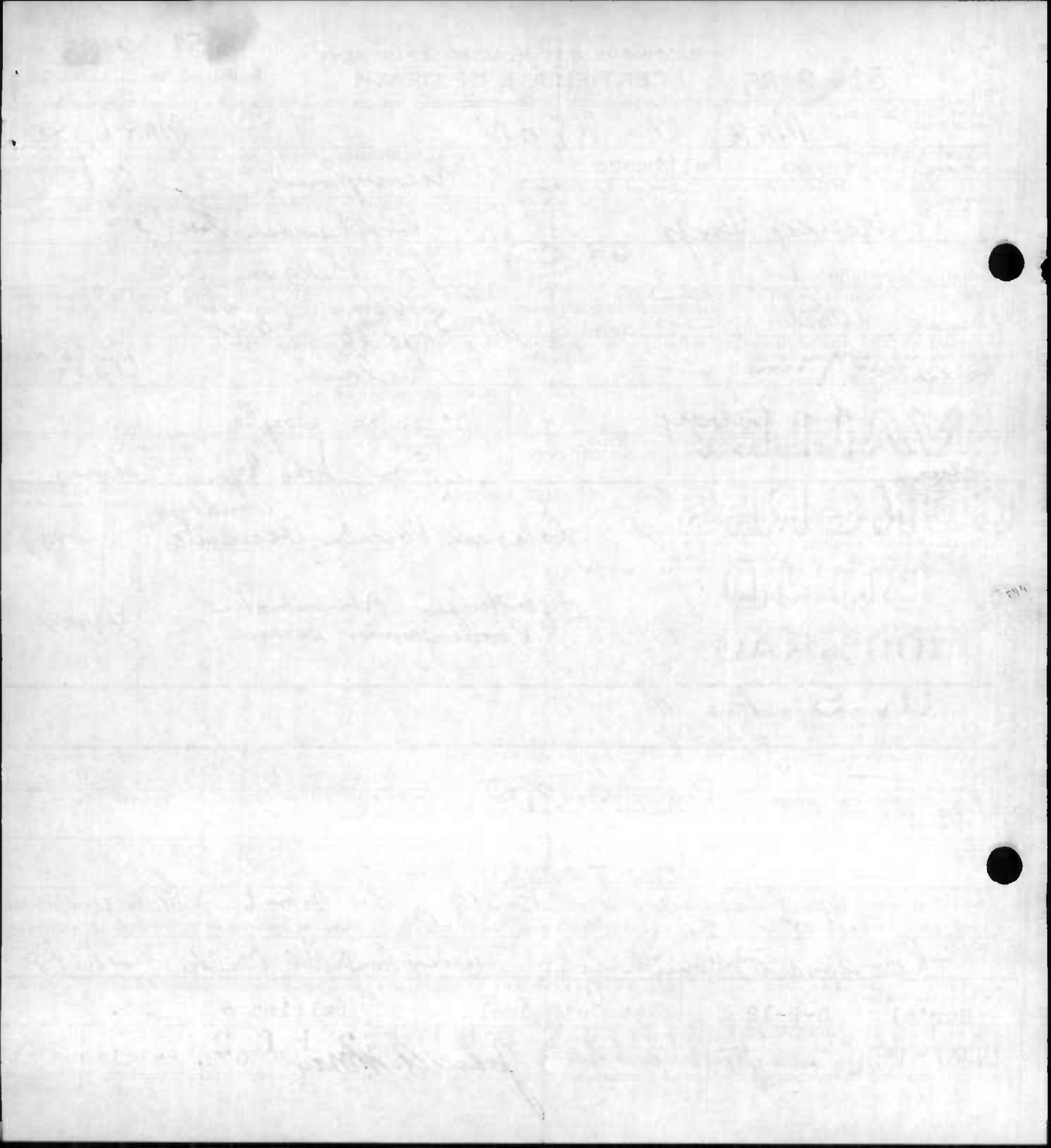
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2185
Registered No.

BIRTH NO.

51 2185

1. NAME OF DECEASED (Type or Print) MARY A. RYAN		2. DATE OF DEATH MAR 6 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 9-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Wesley Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
Length of stay in Baltimore 62 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 705 Belgian Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 27 1888
9. AGE (in years last birthday) 63 yrs		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Devoy		14. MOTHER'S MAIDEN NAME Elizabeth Doyle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Son John Ryan		ADDRESS (above)	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Occidents DUE TO Hypertensive Attherosclerotic Cardiovascular Disease DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 wks 4 yrs +	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 19 1951 to Mar 6 1951 , that I last saw the deceased alive on Mar 6 1951 and that death occurred at 4:30 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Leonard J. Houtervy M. D.		23B. ADDRESS Wesley Hosp, Balto	
23C. DATE SIGNED Mar 6 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-9-1951	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.	
25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Baltimore St.	



000

ND- 139981

BIRTH NO.

51 2186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2186

1. NAME OF DECEASED (Type or Print) Saunders Lee		2. DATE OF DEATH Mar. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) Bradshaw, Maryland		5. SEX Male 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 20, 1879		9. AGE (In years last birthday) 71	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman		10B. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Lee (D)		14. MOTHER'S MAIDEN NAME Martha Lipscomb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals		18. RECORDS: 4940 Eastern Avenue	

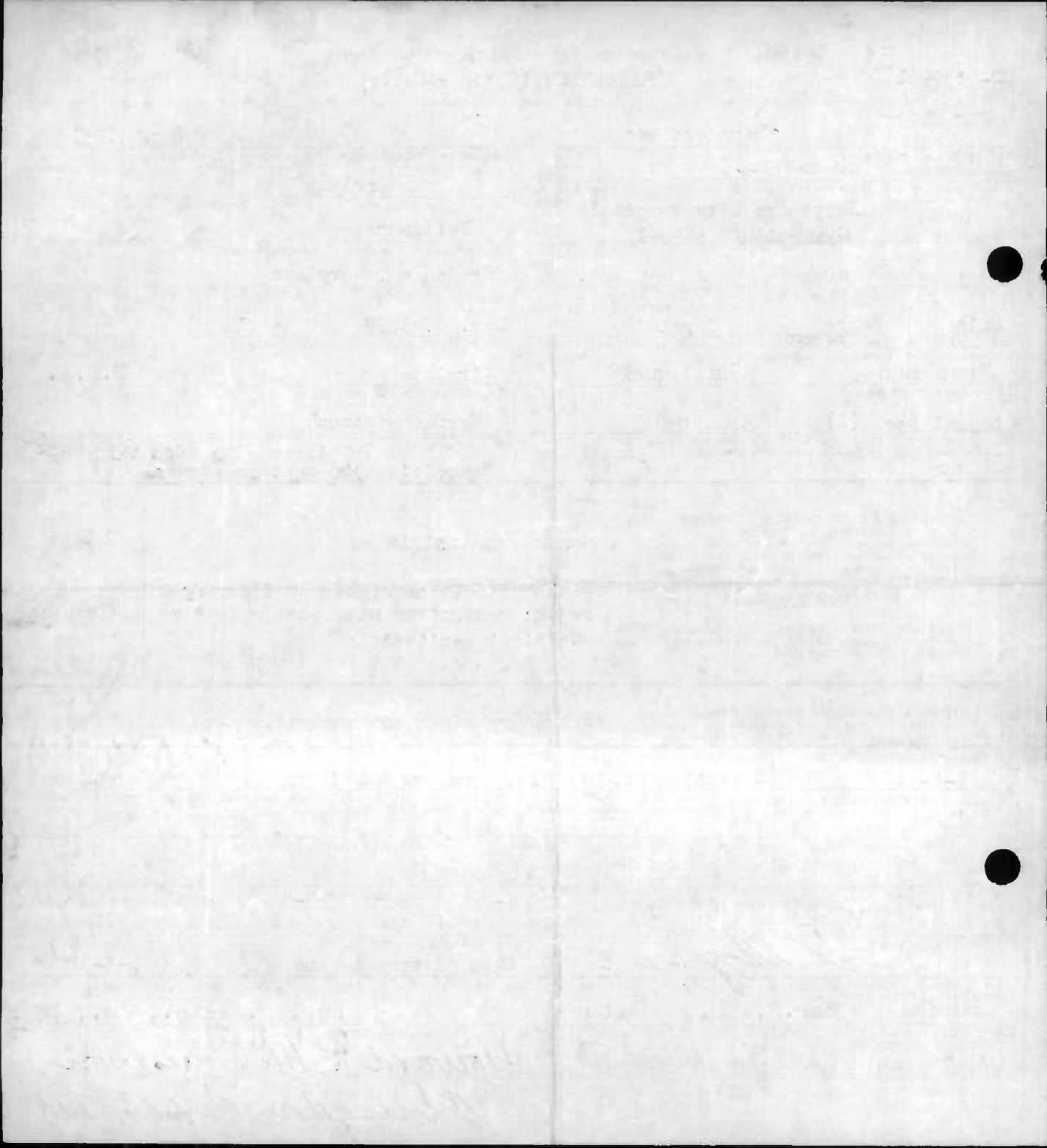
18. 143X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Peritonitis		2 Days	
ANTECEDENT CAUSES		DUE TO Squamous cell carcinoma of floor of mouth; gastrotomy with post operative		4 months	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Chemical peritonitis		2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pulmonary Edema and emphysema		2 days	

19A. DATE OF OPERATION 1-4-51		19B. MAJOR FINDINGS OF OPERATION Resection rt. Mandible, Squamous Carcinoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 7-22 , 19 50 to 3-4 , 19 51 , that I last saw the deceased alive on 3-4 , 19 51 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-5-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 8, 1951		24C. NAME OF CEMETERY OR CREMATORY Asbury	
24D. LOCATION (City, town, or county) (State) Lorley, Balto., Co., Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Howard R. McCoun		24H. ADDRESS 4500		24I. SIGNATURE Howard R. McCoun	

VS 150

970 50

Abingdon Hospital, Md



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Edward H. Todd</i>		2. DATE OF DEATH <i>3/1/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore Md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1626 Chilton St</i>		C. CITY OR TOWN (If outside corporate limits, write rural, and give township) <i>Baltimore Md</i>	
c. Length of stay in Baltimore <i>60</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1626 Chilton St</i>	
5. SEX <i>m.</i>	6. COLOR OR RACE <i>Wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m.</i>	8. DATE OF BIRTH <i>12/31/1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME <i>Edw Todd</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <i>215-05-7634</i>	
		12. CITIZEN OF WHAT COUNTRY? _____	
		14. MOTHER'S MAIDEN NAME <i>Not Known</i>	
		17. INFORMANT ADDRESS <i>Mrs E. H. Todd same</i>	

18. <i>177X1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Carcinoma, prostate</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs.</i>
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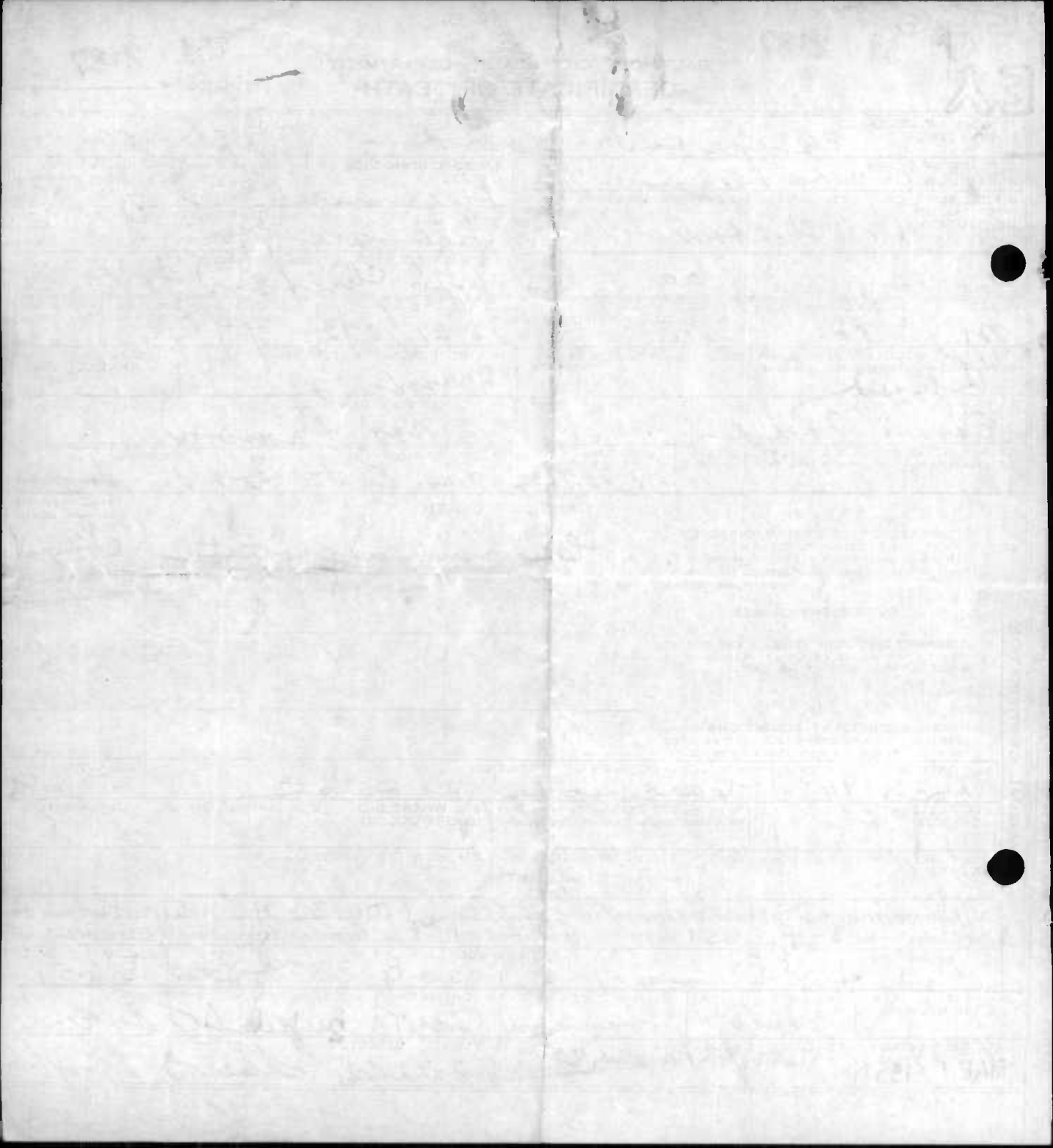
19A. DATE OF OPERATION <i>Aug., 1948</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma prostate</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *5-8* 1950 to *3-4* 1951, that I last saw the deceased alive on *3-4* 1951, and that death occurred at *11* P.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Wm. H. Greener</i> M.D.		23B. ADDRESS <i>1520 E. 33rd St.</i>		23C. DATE SIGNED <i>3.6.51</i>	
--	--	---	--	-----------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) _____		24B. DATE <i>3/6/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lansan Park Burial Assn.</i>		24D. LOCATION (City, town, or county) (State) _____	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Greener</i>		25. FUNERAL DIRECTOR <i>J J Jones</i>		ADDRESS <i>San 1318 Lytle</i>	

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please print the cause of death.



300
51 2188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2188
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Richard S White		2. DATE OF DEATH 3-5-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Baltimore City B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION 1924 Grinnalds Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1924 Grinnalds Ave Balto City
5. Length of stay in Baltimore 32		6. STREET ADDRESS (If rural, give location)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1884 ?		9. AGE (in years last birthday) 67 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass worker		10B. KIND OF BUSINESS OR INDUSTRY Glass House
11. BIRTHPLACE (State or foreign country) New York City		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas White		14. MOTHER'S MAIDEN NAME Margaret Springsteel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Helen Agnes White		ADDRESS 1924 Grinnalds Ave Balto 30 Md

MEDICAL CERTIFICATION	18. 422.1 I CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Failure		3 days
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic C. V. disease		5 years
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May, 1947, to March 5, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at 12:50 p.m., from the causes and on the date stated above.				
23A. SIGNATURE John F. Caalahan M. D.		23B. ADDRESS 4201 Welken Ave - City 25		23C. DATE SIGNED 3/5/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/8/51	24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge Cem	24D. LOCATION (City, town, or county) (State) Wash Blvd Howa rd Co Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Edward Poulson 2359 Wash Blvd Balto 30 Md	

69035

937

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2189
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JEAN(JANE) R. JEFFORDS

2. DATE
OF
DEATH

March 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

304 E. 20th. Street

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

304 E. 20th. Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 25, 1902

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

August D. Denford

14. MOTHER'S MAIDEN NAME

Emily Worth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Taylor M. Jeffords-304 E. 20th. St.

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Cerebral Hemorrhage

20 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Hypertension

year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from October 1950 to 3-4, 1951, that I last saw the
deceased alive on 2-27, 1951, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Jeering

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

3-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/8/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 7 - 1951

REGISTRAR'S SIGNATURE

William L. Jeering

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

Balto., 13, MO.

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462
51 2190BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2190

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lorain J. Clark

2. DATE
OF
DEATH

3/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

20 Eastship Rd. 5200

Length of stay in Baltimore

17

Days

5. SEX

M.

6. COLOR OR RACE

wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

wid.

8. DATE OF BIRTH

4/20/1909

9. AGE (in years
last birthday)

41

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR
INDUSTRY

BEHELEN STEEL

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George J. Clark

14. MOTHER'S MAIDEN NAME

Phyllis Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

013-07-1541

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Postoperative Pulmonary embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pt. upper & middle lobectomy

16 days

DUE TO

(C) Pt. pulmonary tuberculosis

16 mo

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

2/20/51 ② 3/1/51

19B. MAJOR FINDINGS OF OPERATION

① upper & lobe tbc. abscess. ② bronchopulmonary fistula

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/17, 1951, to 3/6, 1951, that I last saw the
deceased alive on 3/6, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

Huntington Williams, M.D.

Walker & Bradley, Dundalk, Md.

VS 150

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13 B

THE JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE
OF GREAT BRITAIN AND IRELAND
VOLUME 41 PART 1 1911

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2191
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Berkheimer

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2117 Denison St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1015 S Bouldin St

E. Length of stay in Baltimore

3 Yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Oct. 23, 1880

9. AGE (in years last birthday)

70

10 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Wormleys Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Herbert D Berkheimer 1015 S Bouldin St

18. 170X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of the Vocal Cord

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Carcinomatosis

DUE TO

1 year

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950, to March 7, 1951, that I last saw the deceased alive on March 7, 1951, and that death occurred at 10:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank W. Opler

M. D.

2701 N. Calvert St.

Mar. 7, 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 7, 1951

New Cumberland Pa.

Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

W. H. Williams

Sol J. Johnson, Bros North Ave

1916

1916

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600
51 2192BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2192

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joshua Barney Carr			2. DATE OF DEATH March 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3504 Howard Park Ave.			6. CITY OR TOWN Baltimore		
7. LENGTH OF STAY IN BALTIMORE Life			8. STREET ADDRESS (If rural, give location) 3504 Howard Park Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 6, 1951	9. AGE (In years, last birthday) 75 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Accountant		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Harry Carr			14. MOTHER'S MAIDEN NAME Emma Virginia Shaw		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 214-01-7794B		17. INFORMANT Mrs. George J. Connor, 3504 Howard Pk Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 214-01-7794B		17. ADDRESS Mrs. George J. Connor, 3504 Howard Pk Ave.	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Arterio-sclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH ? 10.7 yrs
--	---	---

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1927 to 3/6/51, 19__, that I last saw the deceased alive on 3/5/51, 19__, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE H. Harper	23B. ADDRESS 5201 Gwynn Oak Ave.	23C. DATE SIGNED 3/6/51
-----------------------------	-------------------------------------	----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 9, 1951	24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR Wm. Williams	ADDRESS 4510 Liberty Heights Ave.

1

General Assembly
Bureau of Vital Statistics

12/1/12
12/1/12
12/1/12

12/1/12
12/1/12
12/1/12

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2193

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace Battle

2. DATE

OF DEATH 3/3/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1435 East Fayette Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1435 East Fayette Street

Length of stay in Baltimore

30 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11. BIRTHPLACE (State or foreign country)

Maryland

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Battle 1435 E. Fayette St

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral embolism
DUE TO

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertension
DUE TO

5 years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 17, 1947, to March 3, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert W. M. Daniel

M. D.

807 N. Caroline St.

3-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/7/1951

Mt. Calvary Cem.

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

FURNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

Eloy D. Gilmore 1000 Beatty ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2194
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nannie Frost

2. DATE OF DEATH 3/6/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

312 South Vincent Street

Yrs.
Mos.
Days

Length of stay in Baltimore 40 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

312 South Vincent Street

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/6/1896

9. AGE (In years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles Wright

14. MOTHER'S MAIDEN NAME

Hattie

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Vivian Taylor 312 S. Vincent St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Pericardial
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Respiratory Failure
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1951 to March 5, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at 12 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/10/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 7 - 1951

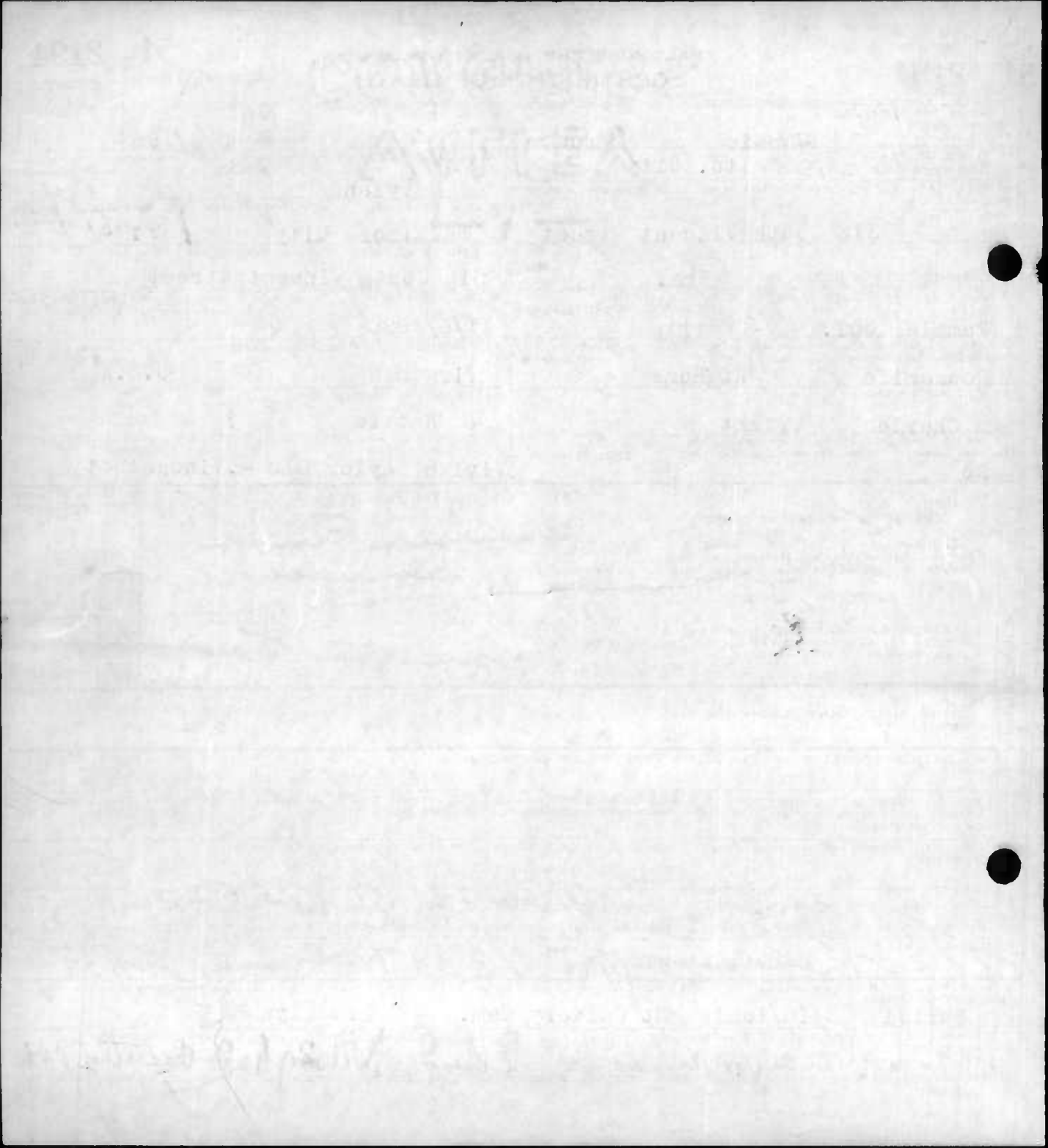
REGISTRAR'S SIGNATURE

Wilmington Williams, MD

25. FUNERAL DIRECTOR

Elmer O. Wilson 1025 Beatty ave

ADDRESS



200
51 2195BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2195

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Spencer Edward Sisco

2. DATE
OF
DEATH

March 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Union Memorial Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY BaltoC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 27-14D. STREET ADDRESS (If rural, give location)
216 Hawthorne Rd.Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 30, 1879

9. AGE (in years
last birthday)

76

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

architect

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John E. Sisco

14. MOTHER'S MAIDEN NAME

Sarah E. Frey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jessie Sisco wife same

18.

155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PRIMARY CARCINOMA of LIVER ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-28-51

19B. MAJOR FINDINGS OF OPERATION

METASTATIC CARCINOMA OF LIVER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1951, to 3-6, 1951, that I last saw the
deceased alive on 3-6, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 8, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oquid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

John O. Mitchell, 1808 Eutaw St.

ADDRESS

MAR 7 - 1951

VS 150

46 F

correct age is especially important. In all instances, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

2013

21

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2196

Registered No. _____

162
51 2196

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JANIE I. SPARKS		2. DATE OF DEATH March 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2721 N. Calvert St.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2721 N. Calvert St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 22, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME John W. Miles		14. MOTHER'S MAIDEN NAME Arabelle F. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
17. INFORMANT Mr. George W. Sparks		ADDRESS 2721 N. Calvert St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Chronic myocarditis DUE TO	INTERVAL BETWEEN ONSET AND DEATH Several years. Several years.
	(B) Chronic Hypertension DUE TO	
	(C) _____	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arterio sclerosis.		Interval between onset and death Several years.
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19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 3**, 1951, to **March 6**, 1951, that I last saw the deceased alive on **March 6**, 1951, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Frank N. Gorden	M. D. 2701 N. Calvert St.	23C. DATE SIGNED Mar. 6, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/9/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore, Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Vickers & Sons - Balt.	ADDRESS 937 Md.
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

WATLEY

650
51 2197BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2197
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Catherine B. Dourney</i>		2. DATE OF DEATH <i>3-6-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>U. H.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Randallstown</i>	
5. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>Old Court Rd.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 27, 1858</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>never employed</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>92</i>
13. FATHER'S NAME <i>Michael Dourney</i>		11. BIRTHPLACE (State or foreign country) <i>New York</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Rebecca W. Dourney</i>	
17. INFORMANT <i>Mr. Wm. E. Curley</i>		ADDRESS <i>Randallstown, Md.</i>	

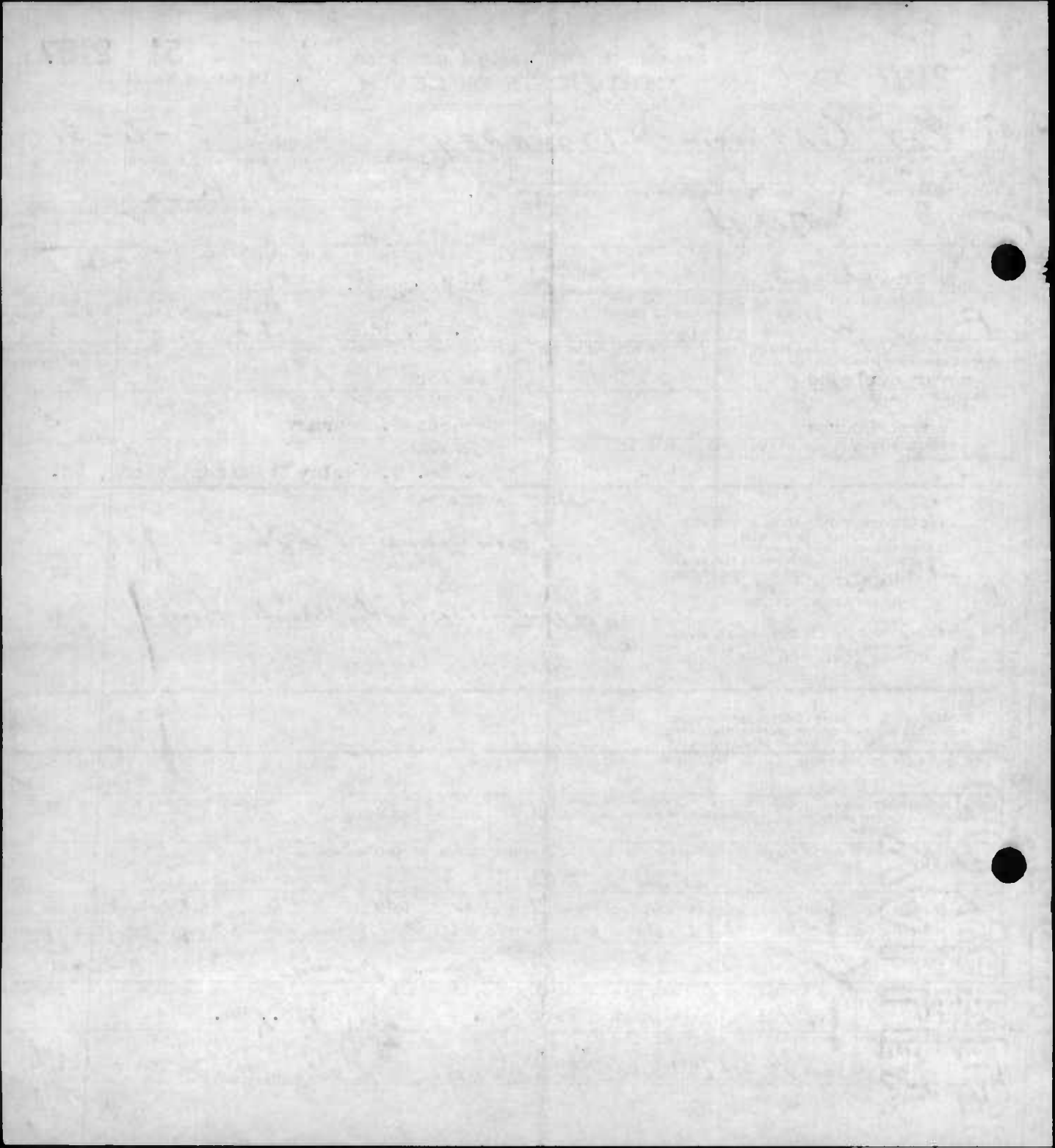
18. <i>443X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Pneumonia - Lobar</i> DUE TO	
ANTECEDENT CAUSES	(B) <i>Hypertensive Cardio Vascular disease</i> DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-22*, 1951, to *3-6*, 1951, that I last saw the deceased alive on *3-6*, 1951, and that death occurred at *11:00* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. J. O'Hara</i>	23B. ADDRESS <i>Thur. St.</i>	23C. DATE SIGNED <i>3-6-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/9/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Williams, Jr.</i>	ADDRESS <i>108 Md.</i>



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

322

51 2198

RADZISZEWSKI
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2198

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Adamina Radziszewski (Rodgers)</i>		2. DATE OF DEATH <i>March 5 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>804 S. Milton Ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>1-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. Length of stay in Baltimore <i>60 days</i>		D. STREET ADDRESS (If rural, give location) <i>804 S. Milton Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec 24 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Antanin Proczynski</i>		14. MOTHER'S MAIDEN NAME <i>Antonina Badawski</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>John Radziszewski</i>		ADDRESS <i>3301 Kenyon Ave</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>	CAUSE OF DEATH <i>Coronary Occlusion</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Cardiovascular Disease</i>	(A) <i>Arteriosclerotic Cardiovascular Disease</i>	<i>3 months or more</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) <i>Arteriosclerotic Cardiovascular Disease</i>	
(C) <i>Arteriosclerotic Cardiovascular Disease</i>		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>None</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-4* *1951* to *3-5* *1951*, that I last saw the deceased alive on *1-18* *1951*, and that death occurred at *5:30 Pm.*, from the causes and on the date stated above.

23a. SIGNATURE, *Francis J. Januszewski* M. D. 23b. ADDRESS *540 N. Linwood Ave* 23c. DATE SIGNED *3/7/51*

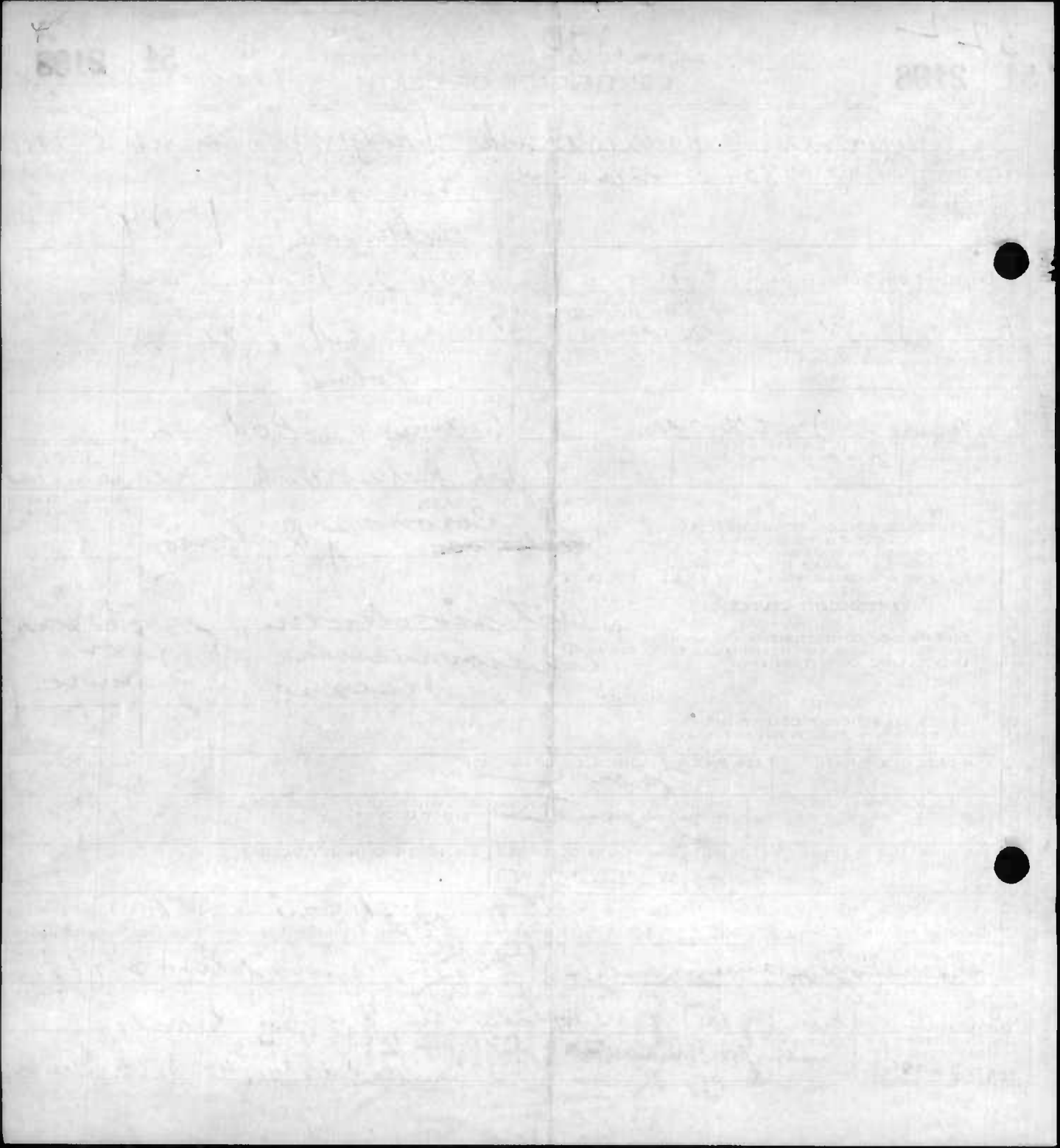
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 9/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cmn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1951</i>	REGISTRAR'S SIGNATURE <i>John H. Weber</i>	FUNERAL DIRECTOR <i>John H. Weber</i>	ADDRESS <i>401 S. Chester St</i>

VS 150

93D

8012

8012



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2199**

530
51 2199
BIRTH NO. **57-04913**

1. NAME OF DECEASED (Type or Print) Infant Smith			2. DATE OF DEATH February 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 122 North Eden Street			31		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/28/51		9. AGE (In years last birthday) 9 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Clarence Tillery		
14. MOTHER'S MAIDEN NAME Doris Mabel Smith			206611		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -		
17. INFORMANT Hospital Records			ADDRESS		

18. 761.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fetal asphyxia		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) Prolonged labor DUE TO		
(C) uterine inertia		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pitocin stimulation		

19A. DATE OF OPERATION 2/28/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/28 , 19 51 to 2/28 , 19 51 , that I last saw the deceased alive on 2/28/51 , 19 51 , and that death occurred at 8:45P.m. , from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 3/5/51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951		REGISTRAR'S SIGNATURE W. H. Williams		25. FUNERAL DIRECTOR 002126		ADDRESS	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

10/10/10

530
51 2200BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2200
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>James Smith</i>		2. DATE OF DEATH <i>March 6, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2101 W. Cold Spring Lane</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ba-Nil-Ba Convalescence Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-15</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2101 W. Cold Spring Lane</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>July 9, 1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>General</i>	9. AGE (In years last birthday) <i>71</i> 11. Under 1 Year Months Days 12. Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Friends - Ba-Nil-Ba Home</i>		ADDRESS	

18. *151X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Carcinoma of Stomach*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION *City Hospital*20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar. 4, 1951* to *Mar. 6, 1951*, that I last saw the deceased alive on *Mar. 6, 1951* and that death occurred at *5:45 a.m.* from the causes and on the date stated above.23A. SIGNATURE
W. R. Johnson

M. D.

23B. ADDRESS
*403 Med Arts Bldg*23C. DATE SIGNED
3/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
*B-P-1951*24C. NAME OF CEMETERY OR CREMATORY
*Mt. Auburn*24D. LOCATION (City, town, or county) (State)
*Baltimore, Md*DATE RECEIVED BY LOCAL REGISTRAR
*MAR 7 - 1951*REGISTRAR'S SIGNATURE
*Wilmington Williams, Jr.*25. FUNERAL DIRECTOR
Waller Funeral Home

VS 150

Was attended in consultations by other physicians.

97099

46B

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2201**

360
REA 146995
51 2201
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dellie Reeder		2. DATE OF DEATH Mar. 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 48 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 755 W. Saratoga Street	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1886 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technician		10B. KIND OF BUSINESS OR INDUSTRY Dental	9. AGE (In years last birthday) 64 ? If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	
18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Encephalopathy DUE TO Cerebral Arteriosclerosis DUE TO Generalized Arteriosclerosis DUE TO Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH Over one Year Over one Year 2 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-16 , 1951, to 3-5 , 1951, that I last saw the deceased alive on 3-5 , 1951, and that death occurred at 10:45 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE H. Crozer M. D.		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 3-6-51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Mar. 9, 1951	24C. NAME OF CEMETERY OR CREMATORY Levee Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951	REGISTRAR'S SIGNATURE W. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 1631 Strand Hill Ave.	

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and fully.

09480

107

236
51 2202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2202
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY J. MASTROCOLA

2. DATE
OF
DEATH

3-6-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Rayner & Dukeland Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Maryland
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5703 Birchwood Ave

E. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 20 1907

9. AGE (In years last birthday)

43

10. Under 1 Year Months: Days Hours: Min.

10 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hardware Salesman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Antonio Mastrocola

14. MOTHER'S MAIDEN NAME

Emanuela Di Genova

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
137-10-3430

17. INFORMANT

ADDRESS

Anita Mastrocola (Wife) 5703 Birchwood A

18. 204.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) Monocytic leukemia, subacute
DUE TO E involvement of liver, spleen, lungs, kidneys, nodes

(B) DUE TO

(C) Peptic ulcer, acute

6 months?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 3-6, 1951, and that death occurred at 12:35 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Stanley R Steinbach

M. D.

Lutheran Hospital

3-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 9 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

Thurston Williams

Frank Della Lora

322 S. High St.

415

51 2203

WILFONG

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2203

Registered No.

BIRTH NO. 51-03160

1. NAME OF DECEASED (Type or Print) WILFONG, Regina

2. DATE OF DEATH March 6 / 1951

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY

C. CITY OR TOWN BALTIMORE

Length of stay in Baltimore LIFE 50

D. STREET ADDRESS (If rural, give location) 1727 Guilford Ave.

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Feb-7-1951

9. AGE (In years last birthday) 20

10. Under 1 Year Months: Days: 30

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME EL. WILFONG

14. MOTHER'S MAIDEN NAME HERRIOT HANZLIK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or uokooow)

16. SOCIAL SECURITY NO.

17. INFORMANT Mother

ADDRESS Above

18. 768.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH (A) Septicemia

INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1951, to March 6, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at 3:00 AM, from the causes and on the date stated above.

23A. SIGNATURE Richard DeFornis

23B. ADDRESS Mercy Hospital

23C. DATE SIGNED 7 Mar 51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 3/8/51

24C. NAME OF CEMETERY OR CREMATORY Green Lutheran

24D. LOCATION (City, town, or county) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR MAR 7 - 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

161 B

1000

RECEIVED

1000

RECEIVED

1000

620
51 2204BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2204

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Calvin Harlan Pursey

2. DATE
OF
DEATH

3-6-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (Pikesville)

D. STREET ADDRESS (If rural, give location)

105 Sherwood Ave. 5300

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-27-1885

9. AGE (in years)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

USA

13. FATHER'S NAME

Charles H. Pursey (M)

14. MOTHER'S MAIDEN NAME

Sarah Peacock

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

A. Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Arteriosclerotic Heart Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from March 6, 1957, 19, that I last saw the deceased alive on 3-6, 1957, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James Q. Ford M.D.

23B. ADDRESS

Union Memorial Hosp. 3-6-57

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/9/57

24C. NAME OF CEMETERY OR CREMATORY

St. Thomas

24D. LOCATION (City, town, or county) (State)

Garrison Dist Balto Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank H. Newell, Pikesville, Md

Journal of the

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Bessie		2. DATE OF DEATH MARCH 5 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION Ventnor Lodge		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 20 YRS		D. STREET ADDRESS (If rural, give location) 5113 LEEDS AVE. 5200	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH OCT 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) CINCINNATI OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME SAMUEL SMETHURST		14. MOTHER'S MAIDEN NAME EMMA PATTERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT HARRY SMETHURST		ADDRESS WASH. DC	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage with right hemiplegia	CAUSE OF DEATH (A) Cerebral Hemorrhage with right hemiplegia DUE TO	INTERVAL BETWEEN ONSET AND DEATH 11 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular Disease	(B) Hypertensive Cardio Vascular Disease DUE TO	?
(C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MAY 5, 1950**, to **MARCH 5, 1951**; that I last saw the deceased alive on **MARCH 5, 1951**, and that death occurred at **4:50 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE William N. Bruden	M. D.	23B. ADDRESS 2030 W. Fayette St	23C. DATE SIGNED 3/5/51
--	-------	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24B. DATE 3/10/51	24C. NAME OF CEMETERY OR CREMATORY HOPEWELL CEM	24D. LOCATION (City, town, or county) (State) MONTGOMERY OHIO
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951	REGISTRAR'S SIGNATURE William N. Bruden	25. FUNERAL DIRECTOR Easton Sons	ADDRESS CATONSVILLE 93D MD.

39050

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR 8 - 1951

CERTIFICATE OF DEATH

BEFORE THE HEALTH DEPARTMENT

191

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of coroner</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2206

BIRTH NO. 51-04321

1. NAME OF DECEASED
(Type or Print)

Infant Kantros

2. DATE OF DEATH February 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Annapolis

D. STREET ADDRESS (If rural, give location)

Box 1183 Truxton Heights

5200

Length of stay in Baltimore

0

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-25-51

9. AGE (in years last birthday)

11 Under 1 Year 11 Under 24 Hours

Months Days Hours Min.

1 34

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John

Kantros

14. MOTHER'S MAIDEN NAME

Nancy Markli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 774X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

spina bifida
Meningocele

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/25, 1951 to 2/25, 1951, that I last saw the deceased alive on 2/25, 1951, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr. M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

2/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

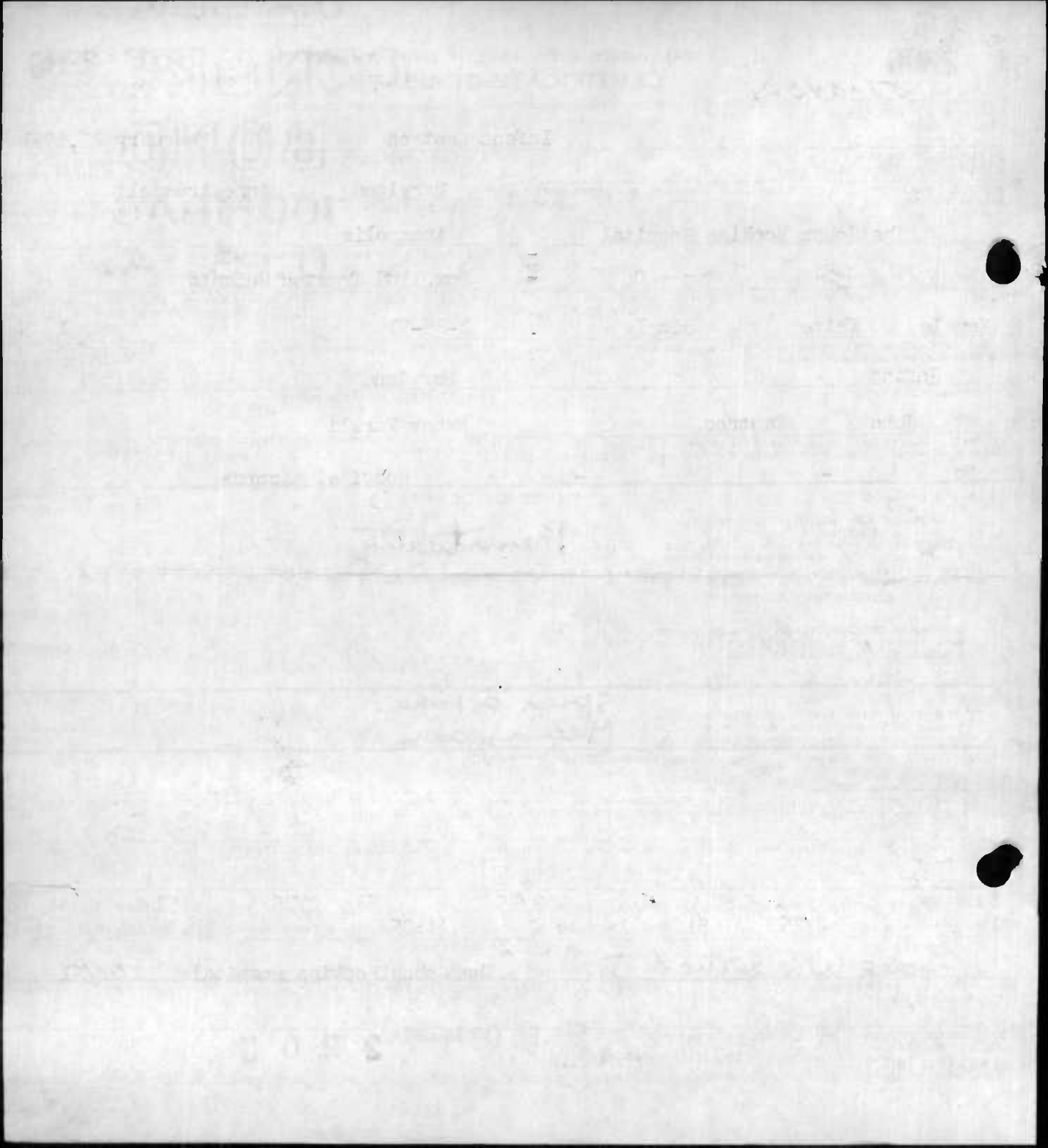
25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1951

VS 150

157B



432

Blatchley

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2207

Registered No.

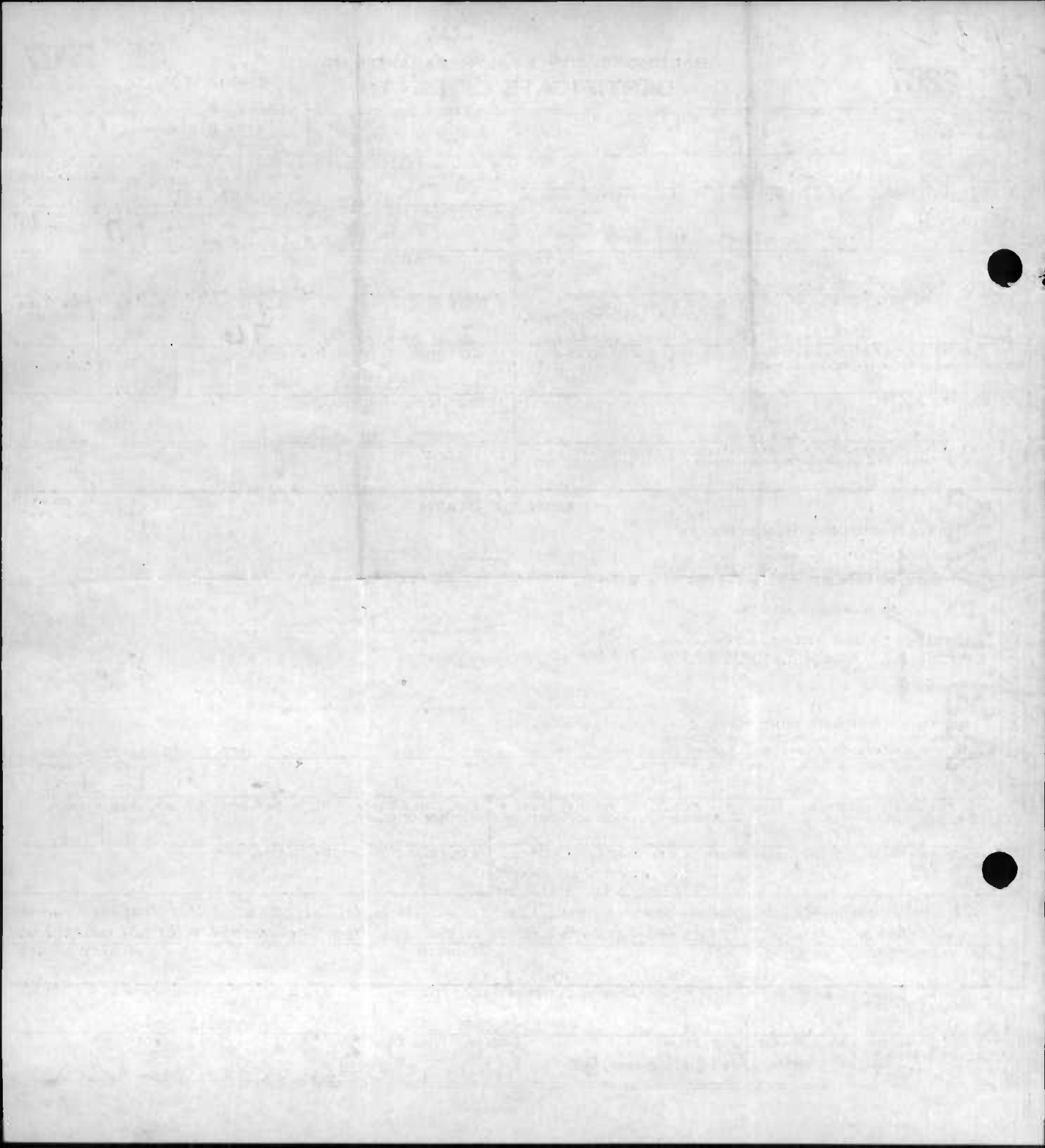
51 2207

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walter Blatchley</i>		2. DATE OF DEATH <i>6 Mar 1967</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-201</i>	
D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>			
5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Kathryn Kelly</i>		8. DATE OF BIRTH <i>14 July 1874</i> 9. AGE (in years, last birthday) <i>76</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Robert Blatchley</i>		14. MOTHER'S MAIDEN NAME <i>Mary Henry</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS	

18. <i>472.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) ...	INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs</i> <i>10 yrs</i>
--	---	---

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10 -</i> , 1957, to <i>Mar 6 -</i> , 1957, that I last saw the deceased alive on <i>Mar 6 -</i> , 1957, and that death occurred at <i>4 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E-North Ave</i>		23C. DATE SIGNED <i>Mar 7-57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 9, 1957</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	
24D. LOCATION (City, town, or county) (State) <i>Gowanus</i>		25. FUNERAL DIRECTOR <i>Paula Windefield</i>		ADDRESS <i>900 E. Biddle St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1957</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2208

Registered No.

460
51 2208

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Frederick Fowler</i>		2. DATE OF DEATH <i>March 5/1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN <i>Baltimore</i>	
5. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>1615 Woodside Avenue</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>4-14-1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Un. of Md.</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State of foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>George W. Fowler</i>		14. MOTHER'S MAIDEN NAME <i>Mary F. Krumpholtz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>220-03-3305</i>	
17. INFORMANT <i>Doris M. Brannen</i>		ADDRESS <i>4525 ECHBAUN AVE HALETHORPE - MD.</i>	
18. <i>443X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>PROBABLY CEREBRAL VASCULAR DUE TO ACCIDENT -</i> INTERVAL BETWEEN ONSET AND DEATH (B) <i>HYPERTENSIVE CARDIOVASCULAR DUE TO DISEASE & PULMONARY EDEMA -</i> (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/3</i> , 1951 to <i>3/5</i> , 1951, that I last saw the deceased alive on <i>3/4</i> , 1951, and that death occurred at <i>9:45 PM</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Arthur H. Shaw</i>		23B. ADDRESS <i>St. James Hosp</i>	
23C. DATE SIGNED <i>3/5/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar. 8, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park Cme</i>		24D. LOCATION (City, town, or county) <i>Bald</i>	
24E. (State) <i>MD</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>W. B. Wiggert</i>	
FURNERAL DIRECTOR <i>W. B. Wiggert</i>		ADDRESS <i>1300 Eutaw Pl</i>	

TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
[Illegible text follows, consisting of several paragraphs of a memorandum format.]

232
51 2209Ricketts
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2209

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles E. Ricketts

2. DATE
OF
DEATH

3/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Length of stay in Baltimore

21

Yrs
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/9/1879

9. AGE (in years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Adam Ricketts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

70510-6718

17. INFORMANT

ADDRESS

Ralph Ricketts, Union Bridge, Md.

18. 4/20.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Coronary heart failure - and

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.Myocardial Infarction - Acute Urinary Retention
Atherosclerotic heart diseaseOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute Urinary Retention

19A. DATE OF OPERATION

3/6/51

19B. MAJOR FINDINGS OF OPERATION

Benign prostatic hypertrophy

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13/51, 19___, to 3/7/51, 19___, that I last saw the
deceased alive on 3/7/51, 19___, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Brown, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/10/51

24C. NAME OF CEMETERY OR CREMATORY

Brimstone Cem.

24D. LOCATION (City, town, or county)

Clowville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. W. Gaitzke & Sons

25. FUNERAL DIRECTOR

137a

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0000

0000



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2210**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick T. Mack

2. DATE
OF
DEATH

Mar 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3029 Northern Parkway

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

3029 Northern Parkway

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 8, 1868

9. AGE (In years last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Barber

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Theodore H. Mack

14. MOTHER'S MAIDEN NAME

Mary P. Ehas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs Katharine Zuehl

ADDRESS

same

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral sclerosis & Hemorrhage*

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*

1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan. 5, 1951* to *March 6, 1951* that I last saw the deceased alive on *3-6-*, 1951, and that death occurred at *1 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Elbert S. Singmaster, M.D.

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

3-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county) (State)

E. North Ave MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

451

25. FUNERAL DIRECTOR

ADDRESS

Mildred T. Blight 6009 Bayford Rd

MAR 8 - 1951

VS 150

877

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Sex: _____</p>	
<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Signature of informant: _____</p>	
<p>10. Date of registration: _____</p>	

\$-320
51 2211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2211
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>S. Melvin Seely</i>		2. DATE OF DEATH <i>Mar. 6 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3425 Falls Road</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-06</i>			
C. Length of stay in Baltimore <i>64 yr.</i>		D. STREET ADDRESS (If rural, give location) <i>3425 Falls Road</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W. Lute</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-8-75</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>St. Rail Road</i>		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Penfield Seely</i>			
14. MOTHER'S MAIDEN NAME <i>Catherine J. Fisher</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			
16. SOCIAL SECURITY NO. <i>215-14-0593</i>		17. INFORMANT <i>Elcie H Seely</i>			
18. <i>156.1</i>		19. ADDRESS <i>3425</i>			

18. <i>156.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cancer of Liver</i>		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>JAN.</i>
22. I hereby certify that I attended the deceased from <i>Mar 5</i> , 1951, to <i>Mar 5</i> , 1951, that I last saw the deceased alive on <i>Mar 5</i> , 1951, and that death occurred at <i>7:30 A. m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>L. Ernest Green</i>		23B. ADDRESS <i>1114 N. 36th St.</i>		23C. DATE SIGNED <i>3/7/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 9-5-1</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>Frank J. Seely</i>		ADDRESS <i>814 N 36th St.</i>

002367 46F

1922 12

1923



520
51 2212BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Grace Jones

2. DATE
OF
DEATH

3/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

676 Washington Blvd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,

WIDOWED DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Frederick Hahnemann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
no

8. DATE OF BIRTH

Aug. 2, 1886

9. AGE (In years last birthday)

64

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary E. Warner

17. INFORMANT,

ADDRESS

Mrs. Wilnora Itzol - 332 Whitridge Ave.

18. 157X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hepatic failure

24 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma head of pancreas

3 months

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/27, 1951, to 3/6, 1951, that I last saw the deceased alive on 3/6, 1951, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/9/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION, City, town, or county (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1951

VS 150

Chas. J. Dickener & Sons - Balto.

469 0md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 632		BALTIMORE CITY HEALTH DEPARTMENT		51 2213	
51 2213		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George W. Fritz</i>		2. DATE OF DEATH <i>Thurs. March 6, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1105 Battery Ave</i>		D. STREET ADDRESS (If rural, give location) <i>1105 Battery Ave. 24-03</i>			
C. Length of stay in Baltimore <i>Life -</i>		5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Feb. 15, 1883</i> 9. AGE (In years last birthday) <i>68 yrs</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retail Produce Dealer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retail Produce Business</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>George Adam Fritz</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Siegle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Miss Caroline F. Fritz (Same)</i>	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) <i>Cerebral Hemorrhage</i>		<i>1 year</i>	
DUE TO		(B) <i>Hypertension</i>		<i>1 year</i>	
DUE TO		(C) <i>Arteriosclerosis</i>		<i>1 year</i>	
DUE TO		<i>Uremia</i>		<i>2 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 5</i> , 19 <i>51</i> , to <i>March 6, 1951</i> , that I last saw the deceased alive on <i>March 4, 1951</i> , and that death occurred at <i>8:00 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Isaac Miller</i>		23B. ADDRESS <i>1221 P. Charles St</i>		23C. DATE SIGNED <i>3/5/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 9, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>219. Co., Md.</i>		25. FUNERAL DIRECTOR <i>G. Howard Evans</i>		ADDRESS <i>832</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 1951</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS <i>2906A 1400 S. Charles St. Balto 30, Md.</i>	

230
51 2214
BIRTH-NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2214
Registered No.

1. NAME OF DECEASED (Type or Print) LOUIS ADAMS PACETTI			2. DATE OF DEATH Feb. 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3133 N. Calvert St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3133 N. Calvert St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8, 1875	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant			11. BIRTHPLACE (State or foreign country) Florida		
10B. KIND OF BUSINESS OR INDUSTRY Self employed			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Louis B. Pacetti			14. MOTHER'S MAIDEN NAME Ida Adams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War #1		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Ruth G. Pacetti - 3133 N. Calvert St		

18. **443X** I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Arteriosclerotic and Hypertensive Cardiovascular Disease**

INTERVAL BETWEEN ONSET AND DEATH

30 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH **None**

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **January**, 1950, to **Feb 23**, 1951, that I last saw the deceased alive on **Feb 23, 1951**, and that death occurred at **11:00A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph H. Bird

M. D.

1532 Havenwood Rd. (18) Feb. 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/26/51

Greenmount Cem

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 8 - 1951

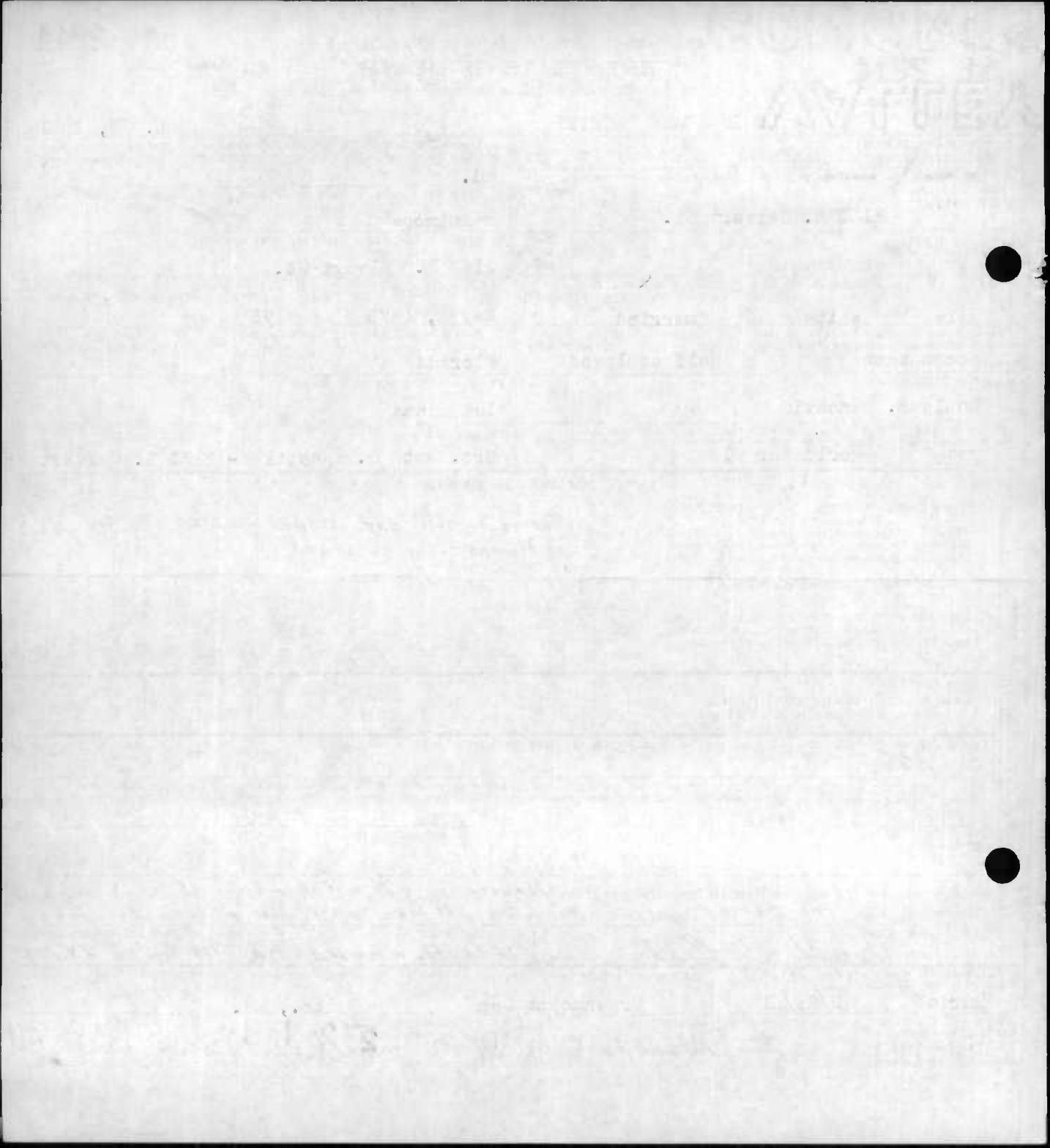
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William Williams, 425

Wm. J. Zickner & Sons - Balto Md



-624
51 2215BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2215
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

WILLIAM A NDREW MARSHALL

2. DATE

OF

DEATH Feb. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION U.S. Marine Hospita l4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTY Crisfield SomersetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
CrisfieldD. STREET ADDRESS (If rural, give location)
9 E. Chesapeake

Length of stay in Baltimore 15

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1-11-77

9. AGE (In years last birthday)
7410 Under 1 Year Months: Days
11 Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
seaman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Md.12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

John Marshall

14. MOTHER'S MAIDEN NAME

Mahalie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no --16. SOCIAL SECURITY NO.
unknown

17. INFORMANT

ADDRESS

U.S. Marine Hospital records

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma sigmoid colon with metastasis to the right cerebrum

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-9-51, 1951, to 2-23-1951, that I last saw the deceased alive on 2-23, 1951 and that death occurred at 8:00 Pn., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb. 26, .951

Crisfield Cem.

Crisfield, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

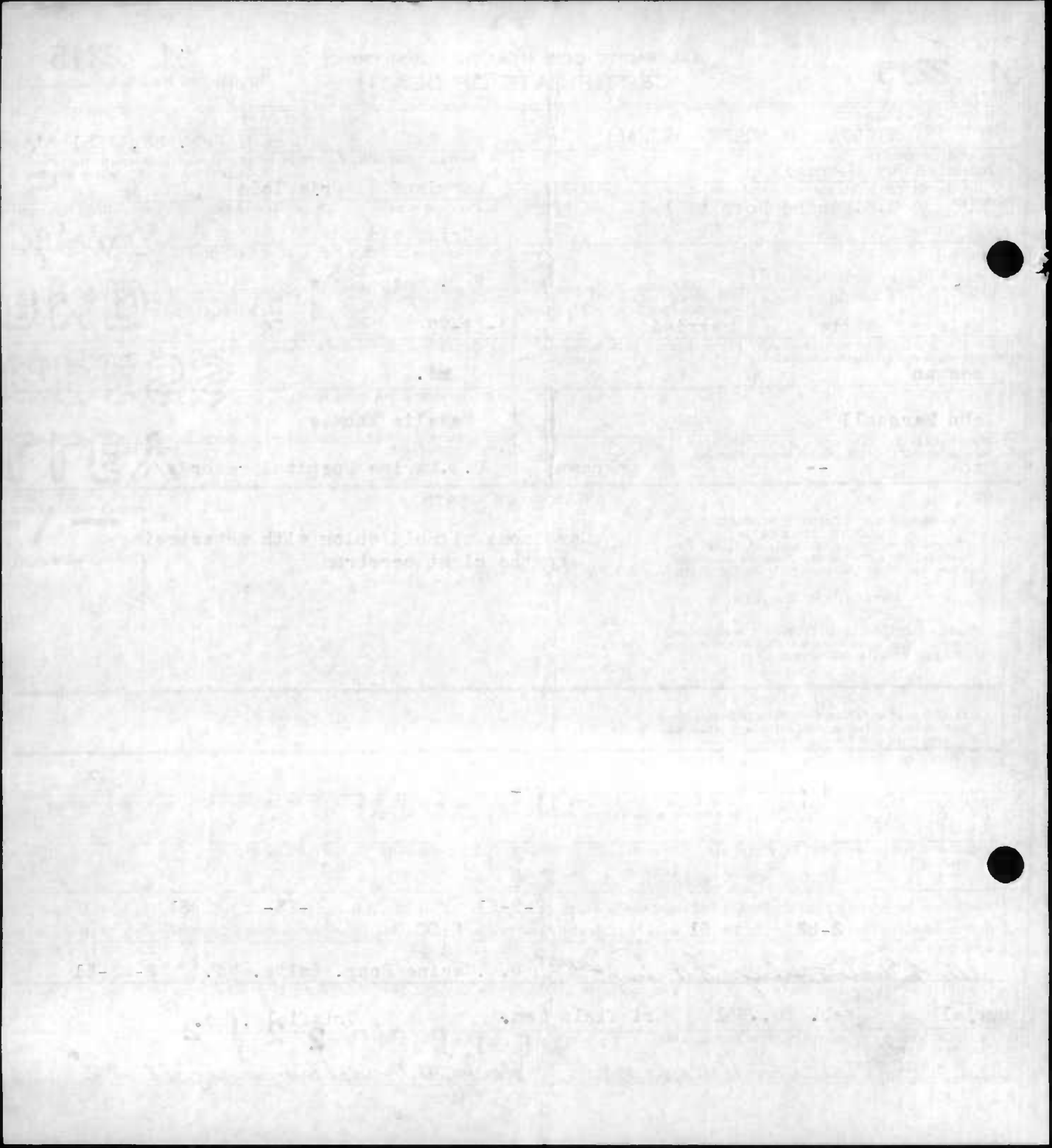
MAR 8 - 1951

Harvey J. Bradshaw, Crisfield Md.

Harvey J. Bradshaw, Crisfield Md.

673 55

46E



213
51 2216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2216

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **ANNA ESTELLE MCFADDEN**

2. DATE OF DEATH **Feb. 21, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Joseph's Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY _____
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore
D. STREET ADDRESS (If rural, give location)
3802 Volando Rd.

Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

5. SEX **female**

6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **Mar. 5, 1878**

9. AGE (In years last birthday) **72**

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Maryland ----

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Louis Leight

14. MOTHER'S MAIDEN NAME
Ruth E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. L. P. McFadden 1532 E. Belvedere Av.

18. **260x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)
Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH
4 yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Arteriosclerotic Cardiovascular Disease

10 yrs

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/18/51** to **2/21/51**, 19**51**, that I last saw the deceased alive on **2/21/51**, 19**51**, and that death occurred at **2:00 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **Anthony F. Carozza** M. O.

23B. ADDRESS **5217 York Rd**

23C. DATE SIGNED **2/24/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE **2/24/51**

24C. NAME OF CEMETERY OR CREMATORY
Moreland Mem. Pk.

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR **MAR 8 - 1951**

REGISTRAR'S SIGNATURE **William H. Williams**

25. FUNERAL DIRECTOR **Wm. J. Williams & Sons - Balto**

ADDRESS **md.**

THE JOURNAL OF THE
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CITY OF NEW YORK

Vol. 10, No. 1, 1911

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100 NASSAU ST. NEW YORK, N. Y.
1911

450
BLANEY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

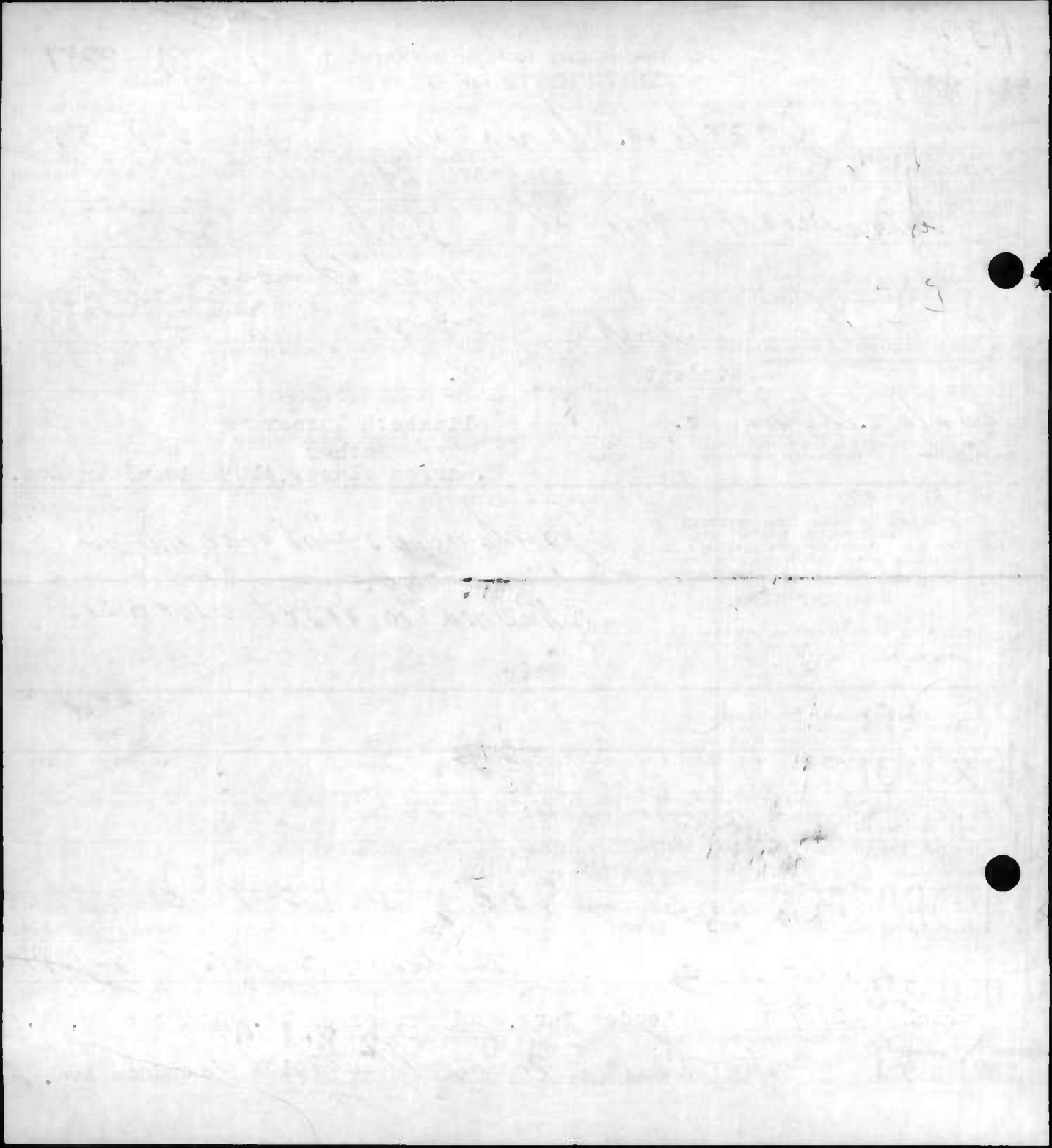
51 2217
Registered No.

BIRTH NO. 2217

1. NAME OF DECEASED (Type or Print) <i>Charles W. Blaney Jr.</i>		2. DATE OF DEATH <i>3-7-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. - 16-08</i>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4102 Edmondson Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-9-42</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Student</i>	9. AGE (in years last birthday) <i>8</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles W. Blaney Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Turner</i> ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Father</i>		ADDRESS <i>C. Warren Blaney, 4102 Edmondson Ave.</i>	

18. <i>401.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Spontaneous Subarachnoid Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Rheumatic heart disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-6</i> , 19 <i>51</i> , to <i>3-7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3-7</i> , 19 <i>51</i> , and that death occurred at <i>9 a</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Viaggis</i>		23B. ADDRESS <i>Bon Secours Hospital</i>		23C. DATE SIGNED <i>3-7-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/9/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park, 3801 Frederick Rd. Baltimore 29, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Harry H. Lutz</i>	
				ADDRESS <i>4101 Edmondson Ave.</i>	



51 543 2218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2218

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

REYNOLDS

2. DATE
OF
DEATH

March 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1819 1/2 Pennsylvania Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Frances Reynolds

8. DATE OF BIRTH

Feb. 23, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Paper hanger

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Nettie Rolubingo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Frances Reynolds - 1819 1/2 Pennsylvania Avenue

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic

~~XXXX~~ cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovitt

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-9-51

24C. NAME OF CEMETERY OR CREMATORY

Balt. Nat'l Cem'ty

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter B. Spurr

25. FUNERAL DIRECTOR

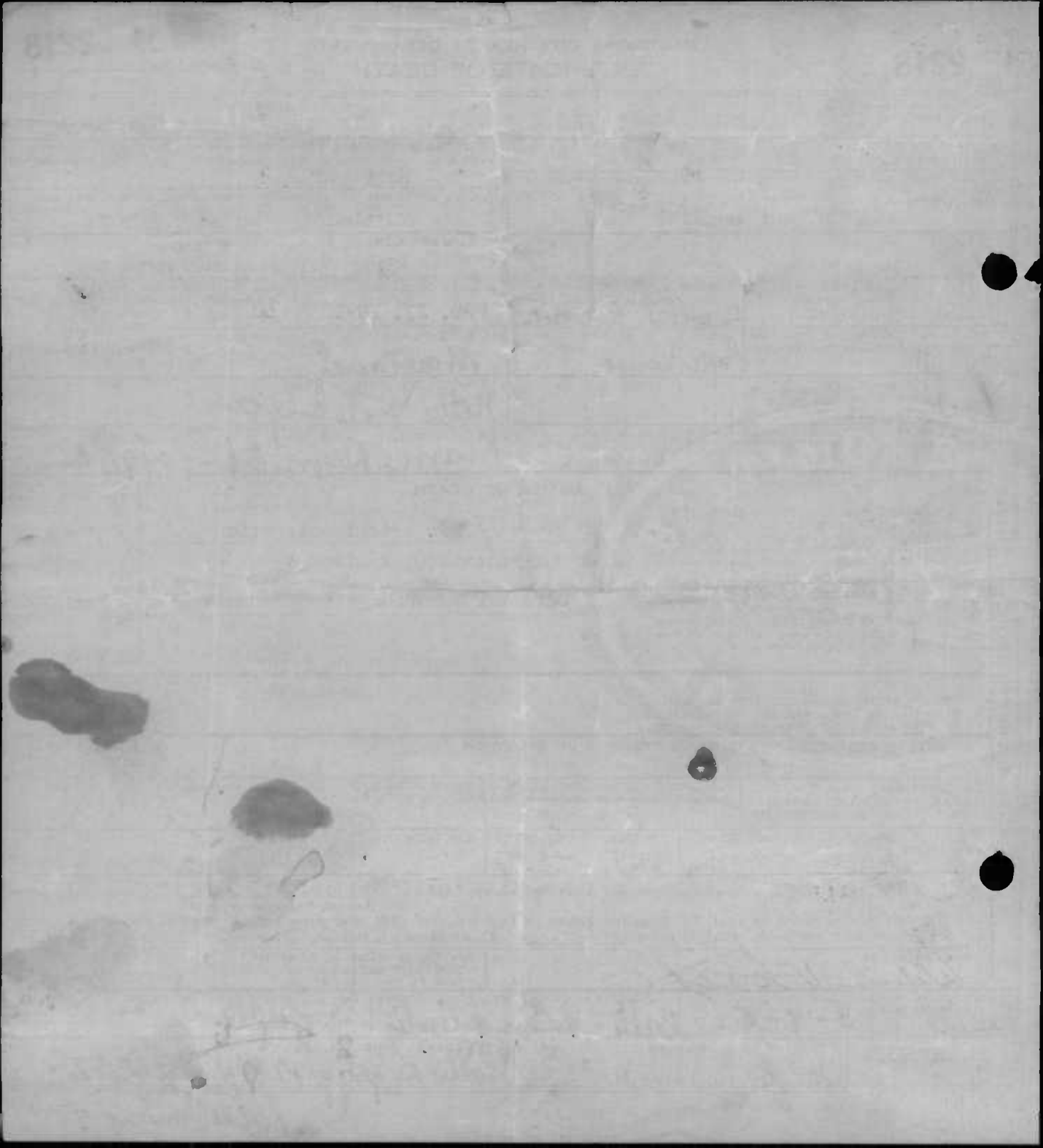
ADDRESS

Walter B. Spurr & Sons, 1819 1/2 Pennsylvania Avenue

V S 151

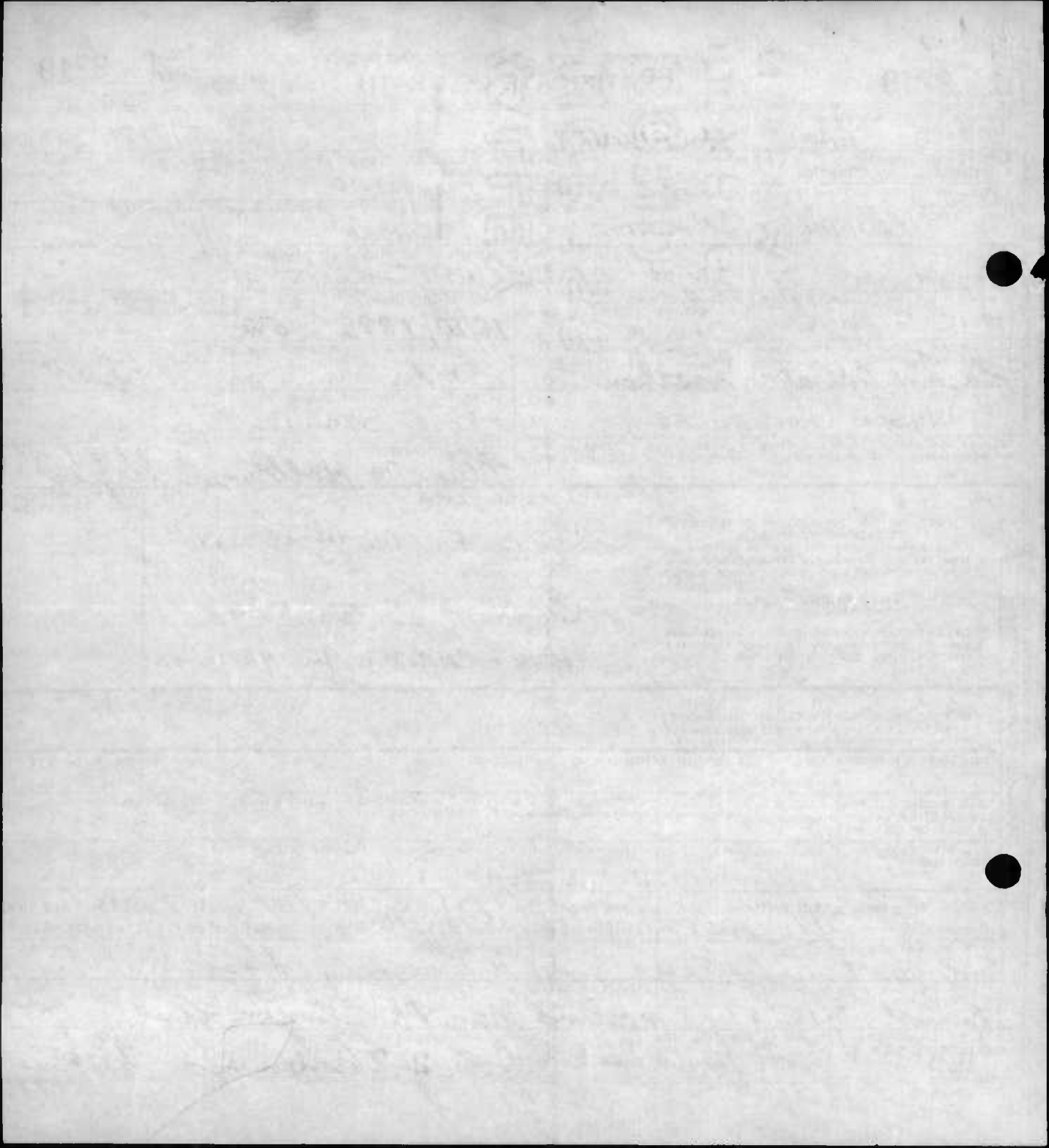
564 24

937 1819 1/2 Pennsylvania Avenue



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 2219416
BIRTH NO. 51 2219

1. NAME OF DECEASED (Type or Print) EARL HOLBRUNER		2. DATE OF DEATH 3/7/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write MURKIN and give township) BALTIMORE	
Length of stay in Baltimore 30 days		D. STREET ADDRESS (If rural, give location) 1131 SARGENT ST	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10/10/1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto. Porcelain Co.	9. AGE (In years last birthday) 52
13. FATHER'S NAME WILSON HOLBRUNER		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ROSE STOUT	
17. INFORMANT Lillian M. Holbruner		ADDRESS 31 S. SARGENT ST.	
18. 5811 CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LIVER FAILURE (HEPATIC COMA)			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CIRRHOSIS OF THE LIVER			
DUE TO			
CHRONIC ALCOHOLISM			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/4/51 , 19 51 , to 3/7/ , 19 51 , that I last saw the deceased alive on 3/7 , 19 51 , and that death occurred at 9:45 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE John F. Graham		23B. ADDRESS University Hosp.	
23C. DATE SIGNED 3/7/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/10/51	
24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.		24D. LOCATION (City, town, or county) (State) Raylor Ave Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 1951		REGISTRAR'S SIGNATURE John F. Graham	
25. FUNERAL DIRECTOR John F. Graham & Son		ADDRESS Hollins St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2220
Registered No. _____

632
51 2220
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna V. Bartscher			2. DATE OF DEATH Mar. 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2921 Baker Ave.			C. CITY OR TOWN (If outside corporate limits, write R.U.A.L. and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2921 Baker Ave. St.			E. LENGTH OF STAY IN BALTIMORE 50 Yrs Yrs. _____ Mos. _____ Days _____		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18, 1887		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Howard County, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Seibert Vollmerhausen			14. MOTHER'S MAIDEN NAME Christine Suehs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS J. Maurice Bartscher 2921 Baker Ave.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Arteriosclerosis DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 36 hrs. ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/15 , 19 51 , to 3/7 , 19 51 , that I last saw the deceased alive on 3/7 , 19 51 , and that death occurred at 1:55 m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edward Long Alvin</i>		23B. ADDRESS 4508 Edmondson Village		23C. DATE SIGNED 3/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/10/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 8 1951			
24F. REGISTRAR'S SIGNATURE <i>Frederick A. Cole</i>		24G. ADDRESS 1913 W. Balto. St.			

CS-5

UNITED STATES DEPARTMENT OF JUSTICE

1990

WILLIAM

CLARK

FROM

TO

DATE

TIME

PLACE

REMARKS

SIGNATURE

INITIALS

REMARKS

10/01

10/01

540
51 2221
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2221
Registered No.

1. NAME OF DECEASED (Type or Print) KIMMEL, WILLIAM		2. DATE OF DEATH March 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION So. Balto. Gen. Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 105 W. Ostend St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/25/1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - City P.O.		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 70
13. FATHER'S NAME Philip KIMMEL		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME UNKNOWN	
17. INFORMANT MRS. MARY W. KIMMEL		ADDRESS 105 W. OSTEND ST.	

18. **450.0 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Acute Congestive Heart Failure one day
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Pulmonary Infarction
Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 6, 1951**, to **March 7, 1951**, that I last saw the deceased alive on **March 7, 1951**, and that death occurred at **9:35 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Matth C. Macpherson, M.D.	23B. ADDRESS 1213 Light St. Balto. 30	23C. DATE SIGNED 3-7-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/10/51	24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK	24D. LOCATION (City, town, or county) (State) FREDERICK RD
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951		REGISTRAR'S SIGNATURE W. Williams, M.D.	25. FUNERAL DIRECTOR JOHN F. DENNY, INC.
		ADDRESS 715 LIGHT ST - 30	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2222**

BIRTH NO. 160 2222

1. NAME OF DECEASED (Type or Print) Clarence J. Shaffer		2. DATE OF DEATH March 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvaton	
D. STREET ADDRESS (If rural, give location) Box 348 GLEN BURNIE POST OFFICE		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 29, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10B. KIND OF BUSINESS OR INDUSTRY WATER WELL DIGGING	9. AGE (In years last birthday) 44 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME NEWTON SHAFFER		11. BIRTHPLACE (State or foreign country) NEW YORK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ANNA BILES	
17. INFORMANT MRS. ROSE S. SHAFFER		ADDRESS ELVATON, MD.	

18. E 976X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of the left chest DUE TO _____ (A) _____ ANTECEDENT CAUSES _____ (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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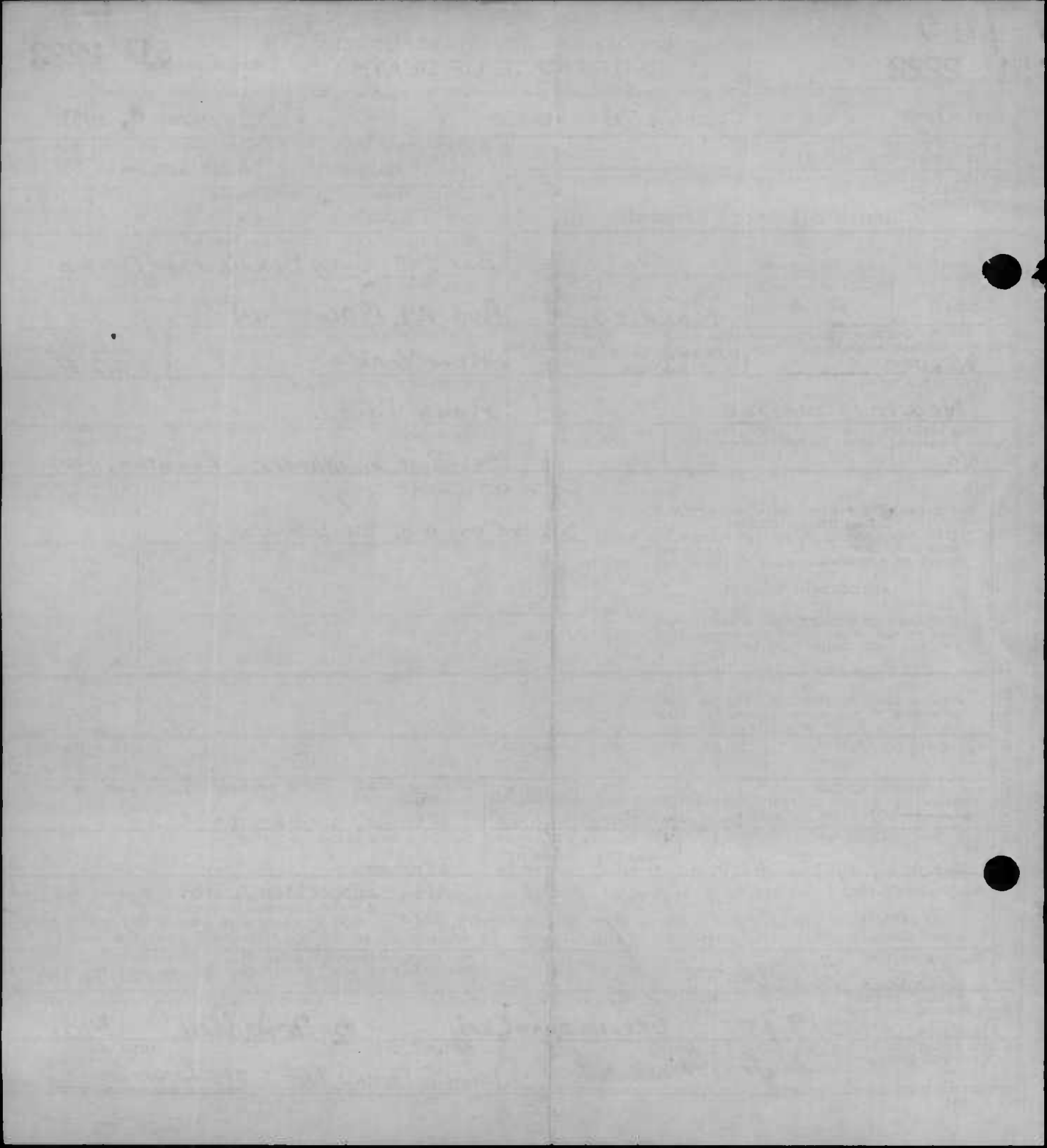
19A. DATE OF OPERATION March 6, 1951		19B. MAJOR FINDINGS OF OPERATION Driveway outside home		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Driveway outside home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Elvaton, Anne Arundel Co.		
21D. TIME (Month) (Day) (Year) (Hour) March 6, 1951 6 P m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms		
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> March 7, 1951		

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/9/51	24C. NAME OF CEMETERY OR CREMATORY GREENSBORO CEM.	24D. LOCATION (City, town, or county) (State) GREENSBORO MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951		25. FUNERAL DIRECTOR JOHN F. DENNY, INC. 715 LIGHT ST.	

VS 151 **1-862.4 68524 164c**

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



450
51 2223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2223
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY EMILE KELM

2. DATE
OF
DEATH

MAR. 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

911 WINSTON AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

911 WINSTON AVE.

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 17, 1896

9. AGE (In years,
last birthday)

54

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BUTCHER

10B. KIND OF BUSINESS OR
INDUSTRY

MEATS

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ADOLPH G. KELM

14. MOTHER'S MAIDEN NAME

MINNIE BRECHT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EDNA A. KELM

SAME

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

15 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis sys.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from January 8, 1951, to March 6, 1951, that I last saw the deceased alive on Feb 15, 1951, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4.5 Chaptant

M. D.

6210 York Road

March 5, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3-6-1951

OAKLAWN CEM.

BALTO.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1951

Wilmington

H.W. JENKINS & SONS Co. 4905 YORK RD.

6446A

94a

MEDICAL CERTIFICATION

DR. CHALFONT
6210 YORK RD.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2224**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALVA GREBNER

2. DATE
OF
DEATH

MARCH 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1504 N. MONTFORD AVE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 16, 1913

9. AGE (In years last birthday)

36

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ROBERT GREBNER CREIGHTON

14. MOTHER'S MAIDEN NAME

MADDIE TOLLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

GEORGE GREBNER - 1504 N. MONTFORD AVE

18. **171X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA of CERVIX & METASTASES**

2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec 25, 1950**, to **MARCH 6, 1951**, that I last saw the deceased alive on **MARCH 6, 1951**, and that death occurred at **9:50 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

George Bronos

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

3/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3-10-1951

BALTIMORE CEM.

NORTH AVE. BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

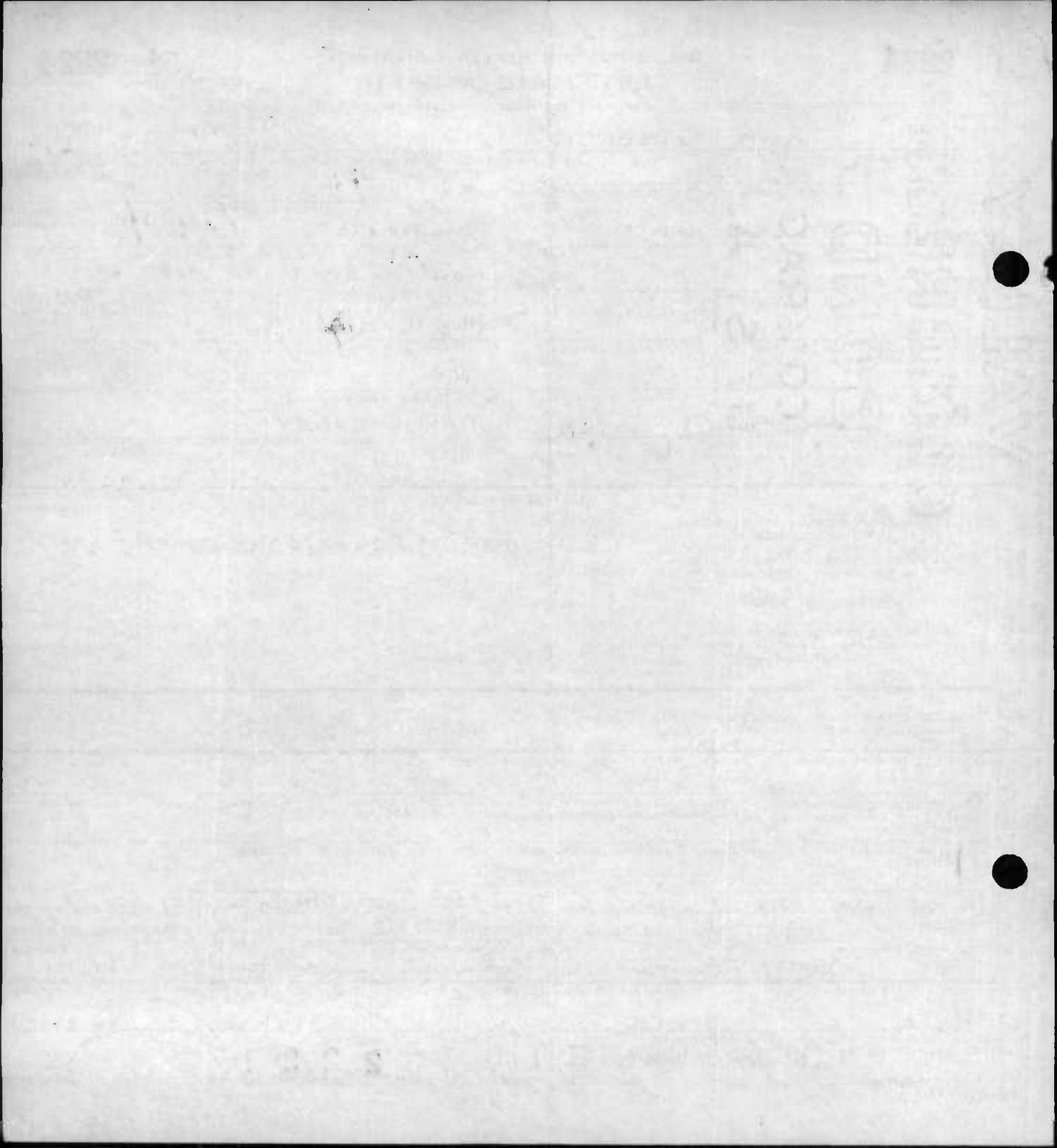
JOHN C. MILLER 2435 E. OLIVER ST

MARCH 8 1951

48a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2225
Registered No.

452
51 2225
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAURA WALLINGTON		2. DATE OF DEATH 3/5/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1051 HARFORD AVE		C. CITY OR TOWN (If outside incorporated limits, write FULL and give township) BALTIMORE 10-01	
D. STREET ADDRESS (If rural, give location) 1051 HARFORD AVENUE		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/17/1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years, last birthday) 43 44
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIE KNIGHT		14. MOTHER'S MAIDEN NAME JENNIE MOTTLEY, HARFORD AVE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT PERCY WALLINGTON		ADDRESS 1051 HARFORD AVE	

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Congestive Heart Failure 2 mo DUE TO (A)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Cardiac Vascular Disease DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 16**, 19**51**, to **March 5**, 19**51**, that I last saw the deceased alive on **March 4**, 19**51**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE J. H. Adams	23B. ADDRESS 1222 N. Caroline	23C. DATE SIGNED 3-7-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/9/51	24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY	24D. LOCATION (City, town, or county) (State) A.A. COUNTY, MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR RAYNER SADDERS ADDRESS 1412 E. PRESTON ST.	

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WATSON'S - NORTH BOSTON
CENTRAL ST. OR NORTH

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WATSON'S
CENTRAL ST.
NORTH BOSTON

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2226**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles G. Bachmann

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

700 Cathedral Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1014 N. Charles Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 19, 1876

9. AGE (In years, last birthday)

74

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Architect - Illustrator

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William G. Bachmann

14. MOTHER'S MAIDEN NAME

Anna

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Mae N. Bachmann, 1014 N. Charles St.

18. **470.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Probable Coronary Thrombosis**
DUE TO **Arterio-sclerosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Congestive Heart Failure**
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Ascites**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **August 1, 1950**, to **Mar 7, 1951**, that I last saw the deceased alive on **Feb 15, 1951** and that death occurred at **4:00 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Chas. J. Keller

23B. ADDRESS

232 W. Monumental St.

23C. DATE SIGNED

3/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

3/9/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
MAR 8 - 1951

REGISTRAR'S SIGNATURE

William G. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. Cook, Jr.

ADDRESS

1217 St. Paul Street

NOT A MEDICAL EXAMINER'S CASE

R. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2227
Registered No.

BIRTH NO. 50-21010

1. NAME OF DECEASED (Type or Print) YVONNE GREY		2. DATE OF DEATH March 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 804 Rutland Avenue	
SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 28, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 5
13. FATHER'S NAME Mason S. Wingate		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Mary S. Grey	
16. SOCIAL SECURITY NO.		17. INFORMANT Elyse Gadden 804 Rutland	

18. **E 921.0**
CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Otitis media
(A) **Aspiration of vomitus**
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) **Aspiration of vomitus**
(C)

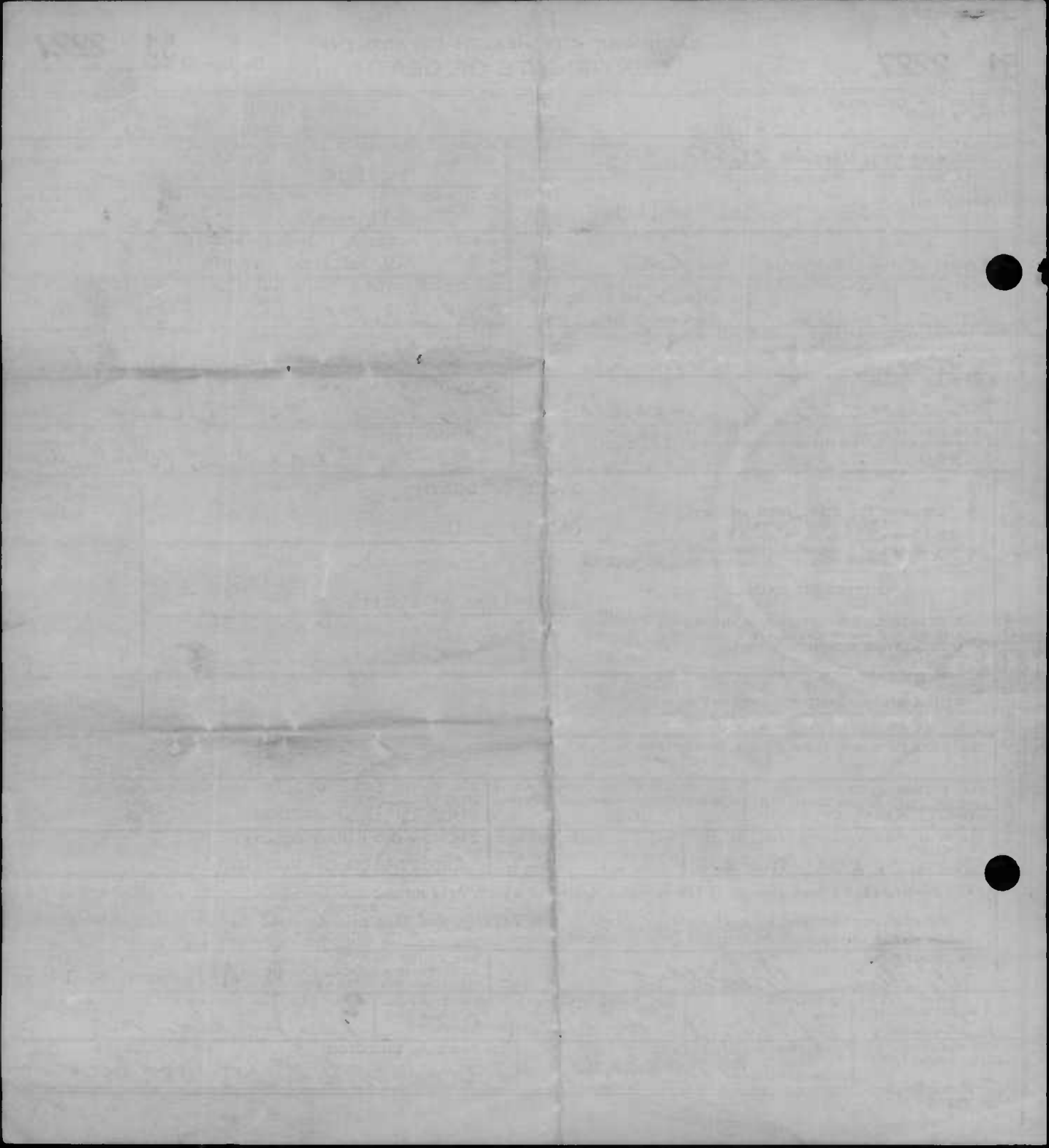
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 804 Rutland Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 5, 1951 3:00 A. m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Aspiration of vomitus	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Spoor		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 3/7/1951		24C. NAME OF CEMETERY OR CREMATORY Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951		REGISTRAR'S SIGNATURE For William Spoor		25. FUNERAL DIRECTOR Choy O. Wilson 1000 Bw...	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V 933.0

1951



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2228**

620
2228
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Maggie Harris			2. DATE OF DEATH March 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1418 E Preston St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-09		
5. Length of stay in Baltimore 18 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1418 E Preston St		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 1, 1890		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Littleton N.C.
13. FATHER'S NAME Jerry Knight			14. MOTHER'S MAIDEN NAME Ann ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Bessie Little
			ADDRESS 1418 E Preston St		

18. 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 2 generalized convulsions - 1st 1940		1 mo.
(B) Metastatic Epithelioid Sarcoma Lung		unknown
(C) Generalized Arteriosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2/27**, 1951, to **3/5**, 1951, that I last saw the deceased alive on **3/4**, 1951, and that death occurred at **4 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Ralph J. Hannon	23B. ADDRESS 1429 E Monument St	23C. DATE SIGNED 3/8/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE March 9/51	24C. NAME OF CEMETERY OR CREMATORY Littleton N.C.	24D. LOCATION (City, town, or county) (State) Littleton N.C.
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951		25. FUNERAL DIRECTOR Mrs. Robt. P. E. Christy & Daughter	
REGISTRAR'S SIGNATURE Washington Williams		ADDRESS 1129 N. Caroline St 477	

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1000 1000 1000 1000
1000 1000 1000 1000

[Faint handwritten text and markings at the bottom of the page, including what appears to be a signature or date.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2229 Registered No. 51 2229

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRIETT IDA GARNER		2. DATE OF DEATH March 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1816 M^c Culloh St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03	
D. STREET ADDRESS (If rural, give location) 1816 M^c Culloh St.		E. LENGTH OF STAY IN BALTIMORE 20 yrs.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 22, 1872
9. AGE (In years last birthday) 73		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Buckeye town, Ind.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Henry Needen		14. MOTHER'S MAIDEN NAME Sarah ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret Jackson		18. NEW RESIDENCE New Kensington Pennsylvania	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Broncho pneumonia		DUE TO		Nov 1/49	
(B) Cerebral hemorrhage.		DUE TO		To.	
(C) Hypertension		DUE TO		March 6/51	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1816	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	

25. I hereby certify that I attended the deceased from **Nov. 1**, 1949, to **March 6**, 1951, that I last saw the deceased alive on **March 6** 1951, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Charles S. Neistadt		23B. ADDRESS M. D. 1730 Linden av		23C. DATE SIGNED March 7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 9, 1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore Co. Ind.					
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. EMPLOYER'S SIGNATURE General Phone	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2230

235
51 2230
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES F COSTIN JR		2. DATE OF DEATH MARCH-7-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1568 Ridgely St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1568 B. COUNTY 21-02	
5. FULL NAME OF HOSPITAL OR INSTITUTION DR WALKERS CLINIC		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD	
Length of stay in Baltimore LIFE TIME		D. STREET ADDRESS (If rural, give location) 2122 SIDNEY AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV-21-1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 41
13. FATHER'S NAME JAMES F. COSTIN		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY? U.S.A	
16. SOCIAL SECURITY NO. 215-05-61881		14. MOTHER'S MAIDEN NAME MARGT BUCKINGHAM	
17. INFORMANT ROBT. COSTIN		ADDRESS 2122 SIDNEY AVE	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH Pulmonary tuberculosis (A) 3 months	INTERVAL BETWEEN ONSET AND DEATH 3 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/5</u> , 19 <u>51</u> , to <u>3/5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 5, 1951</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul Schufeldt</i>		23B. ADDRESS <i>1201 Annapolis Rd</i>		23C. DATE SIGNED <u>2/8/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-10-51		24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM.	
24D. LOCATION (City, town, or county) (State) AA CO.		24E. REGISTRAR'S SIGNATURE <i>William M. Williams</i>		25. FUNERAL DIRECTOR <i>Bernard G. Harte</i>	
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1951		ADDRESS 121 E West St.			

1955

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2231**

BIRTH NO. **350**

1. NAME OF DECEASED
(Type or Print)

PAUL VERNON HAYDEN

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Anne Arundel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Elvaton (Millersville P. O.)

D. STREET ADDRESS (If rural, give location)

Box 133

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 30, 1950

9. AGE (In years last birthday)

If Under 1 Year Months: Days

8 8

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Elvaton, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James D. Hayden

14. MOTHER'S MAIDEN NAME

Emma Raynor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

William Behrandt, Box 132, Elvaton, Md.

18. **491X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

March 8, 1951

M.D. MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF TEXAS

COUNTY OF TARRANT

CITY OF TARRANT

CITY OF TARRANT

CITY OF TARRANT

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C-500
51 2232BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2232
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD COHEN

2. DATE
OF
DEATH

MARCH 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

18. 420 1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from FEB 19, 1951, to March 7, 1951, that I last saw the deceased alive on March 7, 1951, and that death occurred at 7:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

490 6 G

94a

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and fully.

1915

HOWARD W. OWEN

AL HOSPITAL

MARRIED

UREMIA

ARTERIAL DISEASE

ARTERIAL DISEASE

X

1915

1915

1915

1915

1915

1915

1915

51 2233

51 2233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD A. NASH

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

US Marine Hospital

Wyman Park Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Tenn.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Memphis

D. STREET ADDRESS (If rural, give location)

1824 Pines Road

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/25/92

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Deckhand

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Miss.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Augustus Nash

14. MOTHER'S MAIDEN NAME

Ella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
427-12-0294

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis, acute

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Postoperative state following
exploratory abdominal operation
(Carcinoma appendix removed 1/26/51)

1 day

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/6/51

19B. MAJOR FINDINGS OF OPERATION

Questionable recurrent carcinoma of appendix

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1951, to Mar. 7, 1951, that I last saw the
deceased alive on Mar 7, 1951 and that death occurred at 8:30 A.m., from the causes and on the date stated above.23A. SIGNATURE
John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

3/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

MAR 13 1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

GLOSTON 1718515 S1171

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9

GLOSTON 1718515 S1171

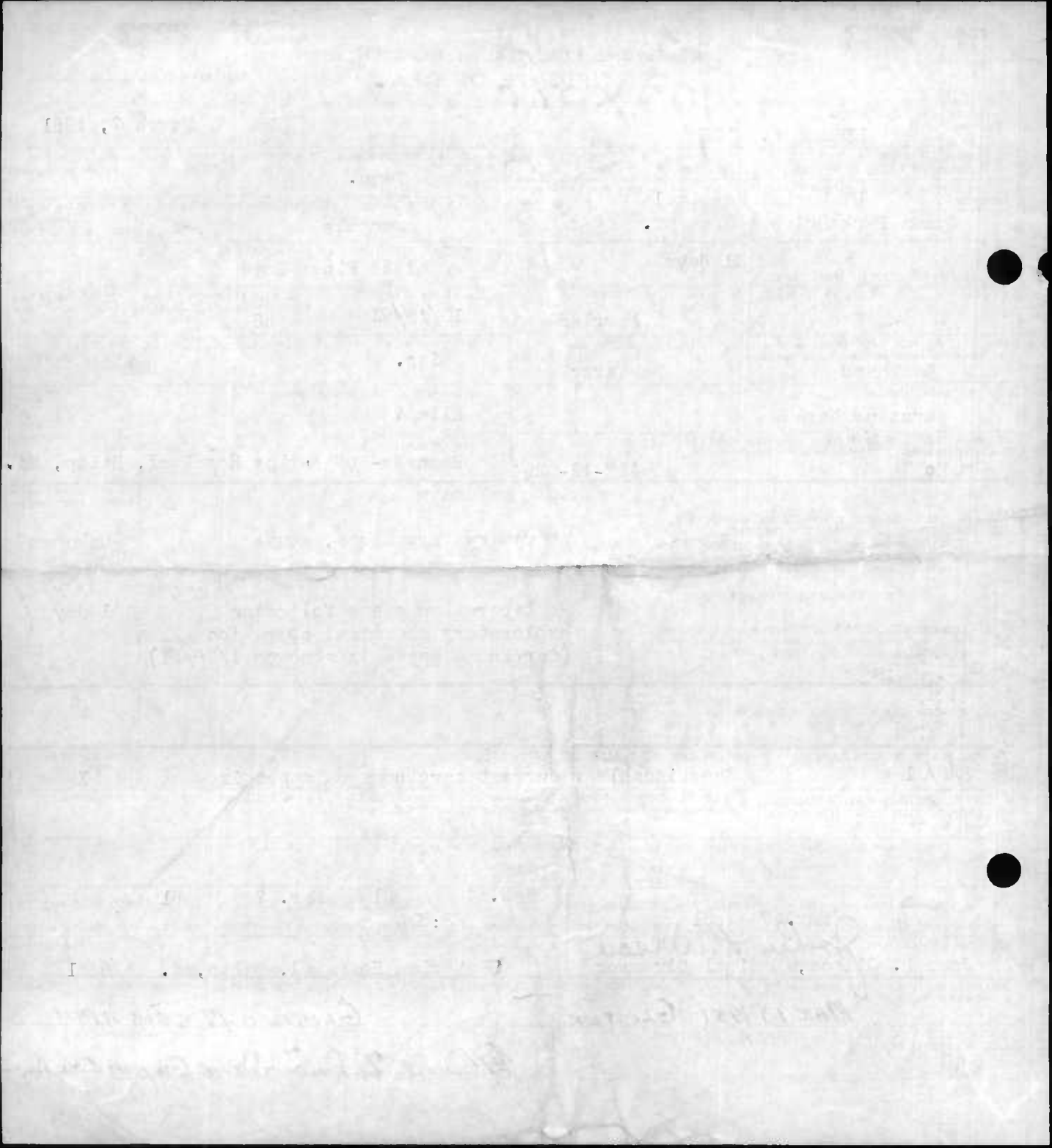
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46E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

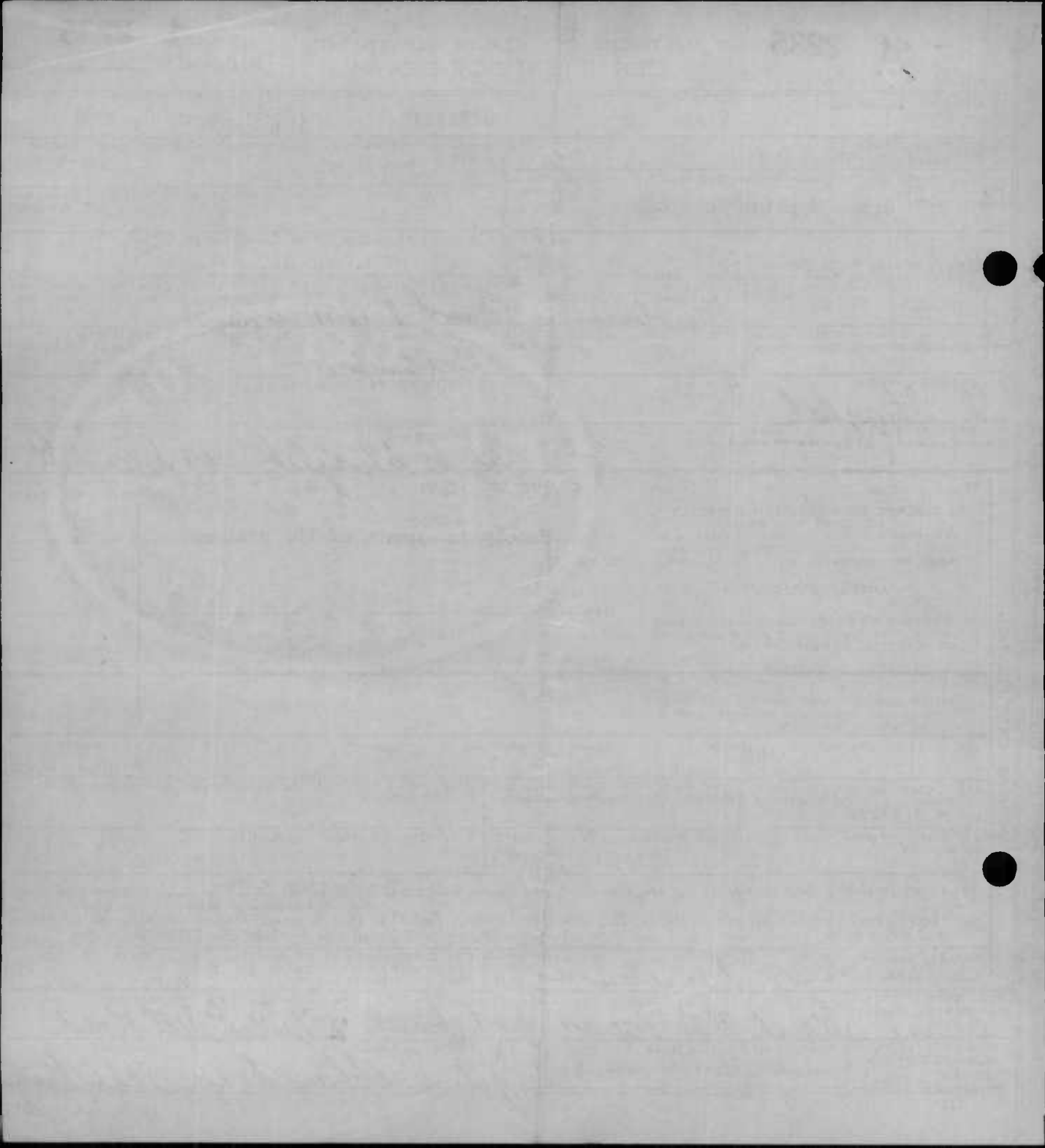
20		51. 2234		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51. 2234 Registered No. _____	
BIRTH NO. _____				1. NAME OF DECEASED (Type or Print) BLANCHE G Stacey			
3. PLACE OF DEATH: A. Baltimore City, Maryland				2. DATE OF DEATH MARCH 7, 1951			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY _____			
C. Length of stay in Baltimore LIFE				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-02			
D. STREET ADDRESS (If rural, give location) 1506 W. HAYETTE ST.				5. SEX FEMALE			
6. COLOR OR RACE White				7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW			
8. DATE OF BIRTH Nov. 6, 1889				9. AGE (In years last birthday) 61			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY Domestic			
11. BIRTHPLACE (State or foreign country) MARYLAND				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John BRADFORD				14. MOTHER'S MAIDEN NAME KATE RYLAND			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. NONE			
17. INFORMANT MRS. ETHEL MILLER				ADDRESS 3126 STAFFORD ST.			
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A Ac. Pulmonary Edema B Coronary Arteriosclerotic Heart disease. C Acute lobar pneumonia, middle lobe D Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION ✓				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 6, 1951 , to March 7, 1951 , that I last saw the deceased alive on March 7, 1951 , and that death occurred at 7:20 pm. , from the causes and on the date stated above.							
23A. SIGNATURE Inez C. Macapangan				23B. ADDRESS M. D. Lutheran Hosp. of Md.		23C. DATE SIGNED 3/7/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-9-51		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR Georg. Schwab ADDRESS 2101 Frederick Ave.			

MAR 9 1951

61

MINISTRE DU SÉCRÉTARIAT GÉNÉRAL
CERTIFICATE OF DEATH

1. Name of the deceased		2. Date of birth	
3. Sex		4. Date of death	
5. Cause of death		6. Place of death	
7. Signature of the medical officer		8. Signature of the registrar	
9. Date of registration		10. Remarks	



51 2236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2236
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

FRANKLIN SQUARE Hospital

Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED (W.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

13. FATHER'S NAME

NICKLAS SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4146 HARMS AVE. 5300

8. DATE OF BIRTH

JAN. 3, 1964

9. AGE (In years last birthday)

86

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

ANNA, LENHOF

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cardiac decompensation
DUE TO cardiovascular

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic disease
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized arteriosclerosis
Late Latent Syphilis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1951, to 3-8, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin S. Hoop

M. D.

23B. ADDRESS

Franklin Sq. Hoop

23C. DATE SIGNED

3-8-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

2nd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Carroll Funeral Home

ADDRESS

7401 Belvoir Rd.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Social Security Number	
13. Signature of Physician		14. Signature of Registrar		15. Signature of Informant		16. Date of Entry	
17. Signature of Medical Examiner		18. Signature of Coroner		19. Signature of Jury		20. Signature of Judge	
21. Signature of County Clerk		22. Signature of State Registrar		23. Signature of Federal Registrar		24. Signature of National Registrar	
25. Signature of International Registrar		26. Signature of United Nations Registrar		27. Signature of World Health Organization Registrar		28. Signature of World Bank Registrar	
29. Signature of World Trade Organization Registrar		30. Signature of World Intellectual Property Organization Registrar		31. Signature of World Tourism Organization Registrar		32. Signature of World Customs Organization Registrar	
33. Signature of World Health Organization Registrar		34. Signature of World Bank Registrar		35. Signature of World Trade Organization Registrar		36. Signature of World Intellectual Property Organization Registrar	
37. Signature of World Tourism Organization Registrar		38. Signature of World Customs Organization Registrar		39. Signature of World Health Organization Registrar		40. Signature of World Bank Registrar	
41. Signature of World Trade Organization Registrar		42. Signature of World Intellectual Property Organization Registrar		43. Signature of World Tourism Organization Registrar		44. Signature of World Customs Organization Registrar	
45. Signature of World Health Organization Registrar		46. Signature of World Bank Registrar		47. Signature of World Trade Organization Registrar		48. Signature of World Intellectual Property Organization Registrar	
49. Signature of World Tourism Organization Registrar		50. Signature of World Customs Organization Registrar		51. Signature of World Health Organization Registrar		52. Signature of World Bank Registrar	
53. Signature of World Trade Organization Registrar		54. Signature of World Intellectual Property Organization Registrar		55. Signature of World Tourism Organization Registrar		56. Signature of World Customs Organization Registrar	
57. Signature of World Health Organization Registrar		58. Signature of World Bank Registrar		59. Signature of World Trade Organization Registrar		60. Signature of World Intellectual Property Organization Registrar	
61. Signature of World Tourism Organization Registrar		62. Signature of World Customs Organization Registrar		63. Signature of World Health Organization Registrar		64. Signature of World Bank Registrar	
65. Signature of World Trade Organization Registrar		66. Signature of World Intellectual Property Organization Registrar		67. Signature of World Tourism Organization Registrar		68. Signature of World Customs Organization Registrar	
69. Signature of World Health Organization Registrar		70. Signature of World Bank Registrar		71. Signature of World Trade Organization Registrar		72. Signature of World Intellectual Property Organization Registrar	
73. Signature of World Tourism Organization Registrar		74. Signature of World Customs Organization Registrar		75. Signature of World Health Organization Registrar		76. Signature of World Bank Registrar	
77. Signature of World Trade Organization Registrar		78. Signature of World Intellectual Property Organization Registrar		79. Signature of World Tourism Organization Registrar		80. Signature of World Customs Organization Registrar	
81. Signature of World Health Organization Registrar		82. Signature of World Bank Registrar		83. Signature of World Trade Organization Registrar		84. Signature of World Intellectual Property Organization Registrar	
85. Signature of World Tourism Organization Registrar		86. Signature of World Customs Organization Registrar		87. Signature of World Health Organization Registrar		88. Signature of World Bank Registrar	
89. Signature of World Trade Organization Registrar		90. Signature of World Intellectual Property Organization Registrar		91. Signature of World Tourism Organization Registrar		92. Signature of World Customs Organization Registrar	
93. Signature of World Health Organization Registrar		94. Signature of World Bank Registrar		95. Signature of World Trade Organization Registrar		96. Signature of World Intellectual Property Organization Registrar	
97. Signature of World Tourism Organization Registrar		98. Signature of World Customs Organization Registrar		99. Signature of World Health Organization Registrar		100. Signature of World Bank Registrar	

560

51 2237

DUMEIER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2237
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian

Dumeier

2. DATE
OF
DEATH

3/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

48 Md. General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-05

D. STREET ADDRESS (If rural, give location)

437 South Cornwallist

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-6-13

9. AGE (in years last birthday)

37

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Graham

14. MOTHER'S MAIDEN NAME

Sadie R. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Jacob Dumeier

ADDRESS

as above

18. 241X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute cardiac dilatation

terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Status asthmaticus

3 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

terminal bronchopneumonia

terminal

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1951 to 3-7, 1951, that I last saw the deceased alive on 3-7, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Candlish M. D.

23B. ADDRESS

Maryland General Hosp

23C. DATE SIGNED

3/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-9-51

24C. NAME OF CEMETERY OR CREMATORY

Park Lawn

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Licht & Zeln - 403 S. Wolf St

ADDRESS

1787

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51 2238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2238

Registered No. _____

BIRTH NO. _____

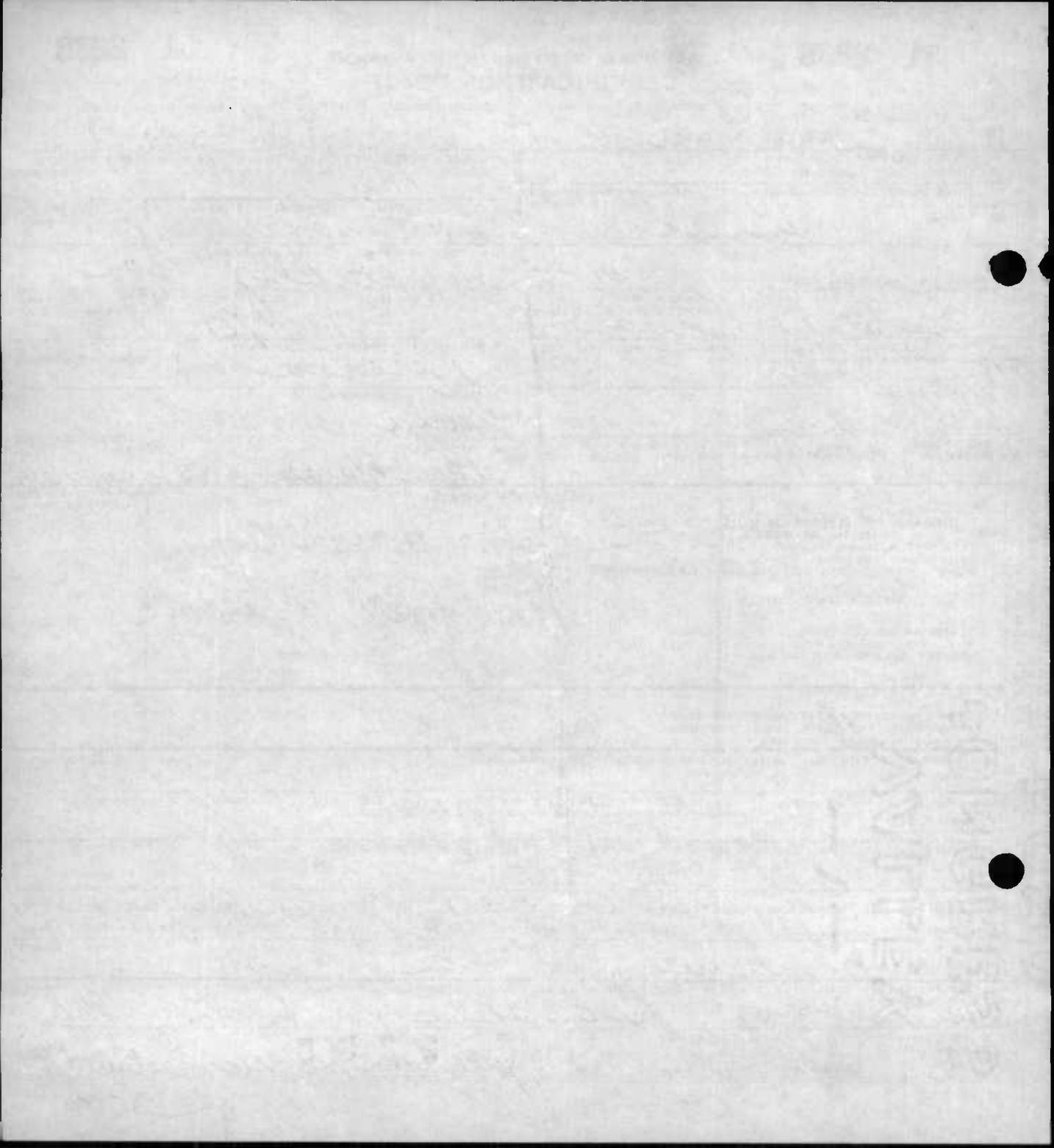
1. NAME OF DECEASED (Type or Print) CLARA MARDER			2. DATE OF DEATH 3-9-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 42 Sunar			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		
Length of stay in Baltimore 31 Yrs. 31 Mos. 31 Days			D. STREET ADDRESS (If rural, give location) 2600 Oakley Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Abraham			14. MOTHER'S MAIDEN NAME Anna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Nathane Marder			ADDRESS - 2248 Linden Ave		

18. 203 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) DUE TO Multiple myeloma		
(B) DUE TO Multiple myeloma		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1951 to March 8, 1951 , that I last saw the deceased alive on March 8, 1951 , and that death occurred at 6:57 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Frank W. Wulter		23B. ADDRESS Omni		23C. DATE SIGNED 3-9	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-9-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Belts MD		25. FUNERAL DIRECTOR Jack Kew			
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams		ADDRESS 2100 Eutaw Pl	

MEDICAL CERTIFICATION

correct age is especially important in determining cause of death



26
51 2239BASKERVILLE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2239
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Milton Baskerville

2. DATE
OF
DEATH

3-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE 1. 17-01

D. STREET ADDRESS (If rural, give location)

414 DAVID HILL AVE

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

6-27-1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

SHIP YARD

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MOSES BASKERVILLE

14. MOTHER'S MAIDEN NAME

LOTTIE RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ELIZABETH JONES - 305 W. HOFFMAN ST.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial failure
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Myocardial Degenerative Disease
DUE TO

(C) generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1951, to 3-8, 1951, that I last saw the
deceased alive on 3-8, 1951, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

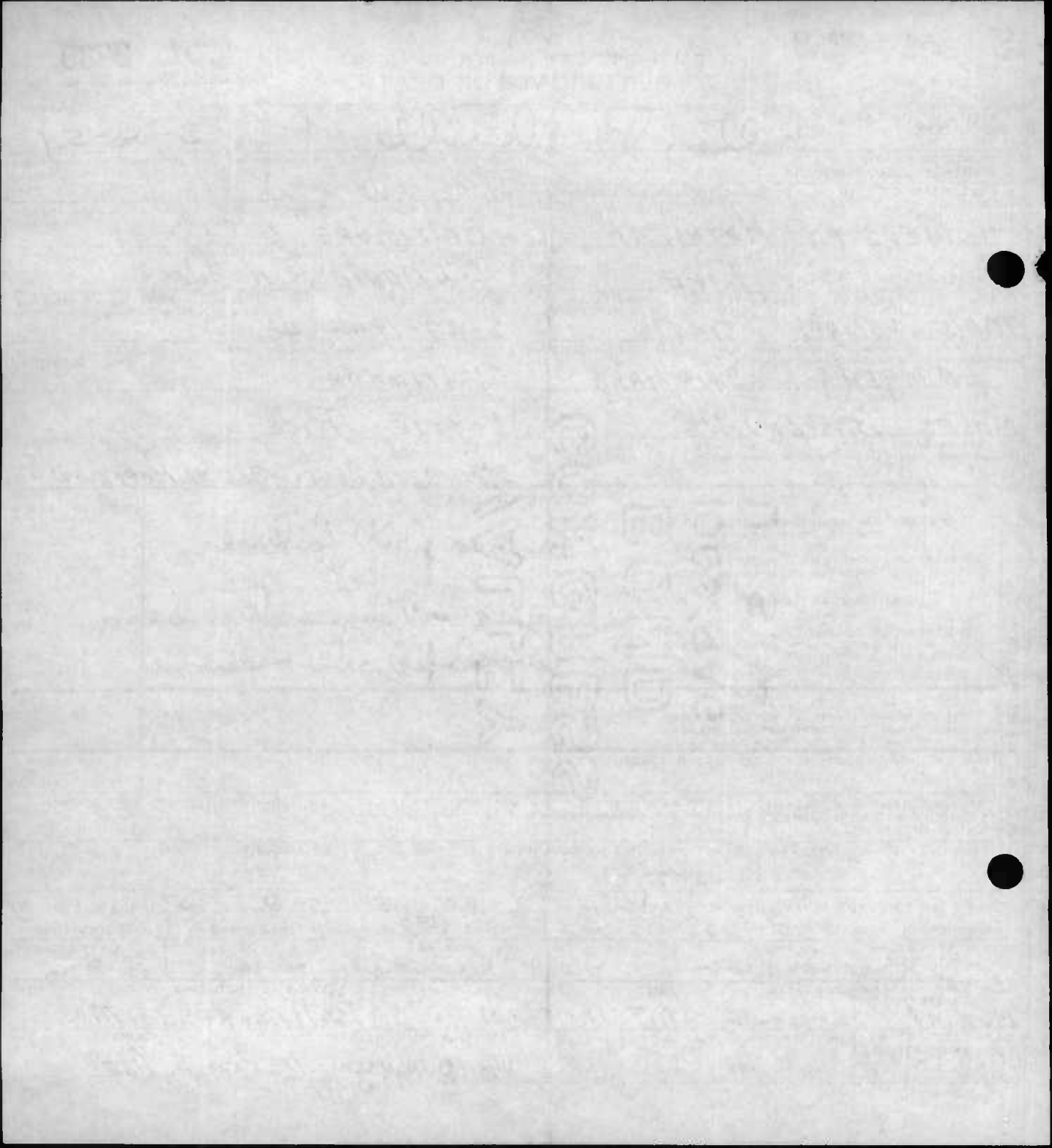
25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1951

Wm. A. Jackson, 916 PENNA. AVE

Wm. A. Jackson, 916 PENNA. AVE



563

51 2240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2240

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William

Leonard

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 E. Pratt St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 8, 1975

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired-Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Kimball-Tyler Barrell Co.

Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Ned Ellwood Leonard

14. MOTHER'S MAIDEN NAME

Mary Theiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-05-2200

17. INFORMANT

ADDRESS

Mrs. Joseph Paul 704 N. Curley St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to strangulation by hanging

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Rooming house

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

822 E. Pratt St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 7, 1951

?

m.

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

Hanged self with rope from banister

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William Leonard

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/51.

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cemetery

24D. LOCATION (City, town, or county) (State)

20 Donnell St. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9-1951

REGISTRAR'S SIGNATURE

William Leonard

25. FUNERAL DIRECTOR

Charles S. Geiler

ADDRESS

901 S. Conkling St.

VS 151

N 991X

97032

164a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Plamen 60

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 4-39510

1. NAME OF DECEASED
(Type or Print)

BARBARA ANN BUMBA

2. DATE
OF
DEATH

3/8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. JOSEPH'S HOSP.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

8-07

D. STREET ADDRESS (If rural, give location)

1244 N. BROADWAY

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Jan. 8, 1946

9. AGE (In years
last birthday)

5

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Lee

14. MOTHER'S MAIDEN NAME

Rita Schleupner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Robert Lee Bumba - 1244 N. Broadway

18.

180X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic cancer

Wilms' tumor, left

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 2/21/51, 1951, to 3/8/51, 1951, that I last saw the
deceased alive on 3/7/51, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thaddeus Sawinski

M. D.

St. Joseph's Hosp.

3/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1951

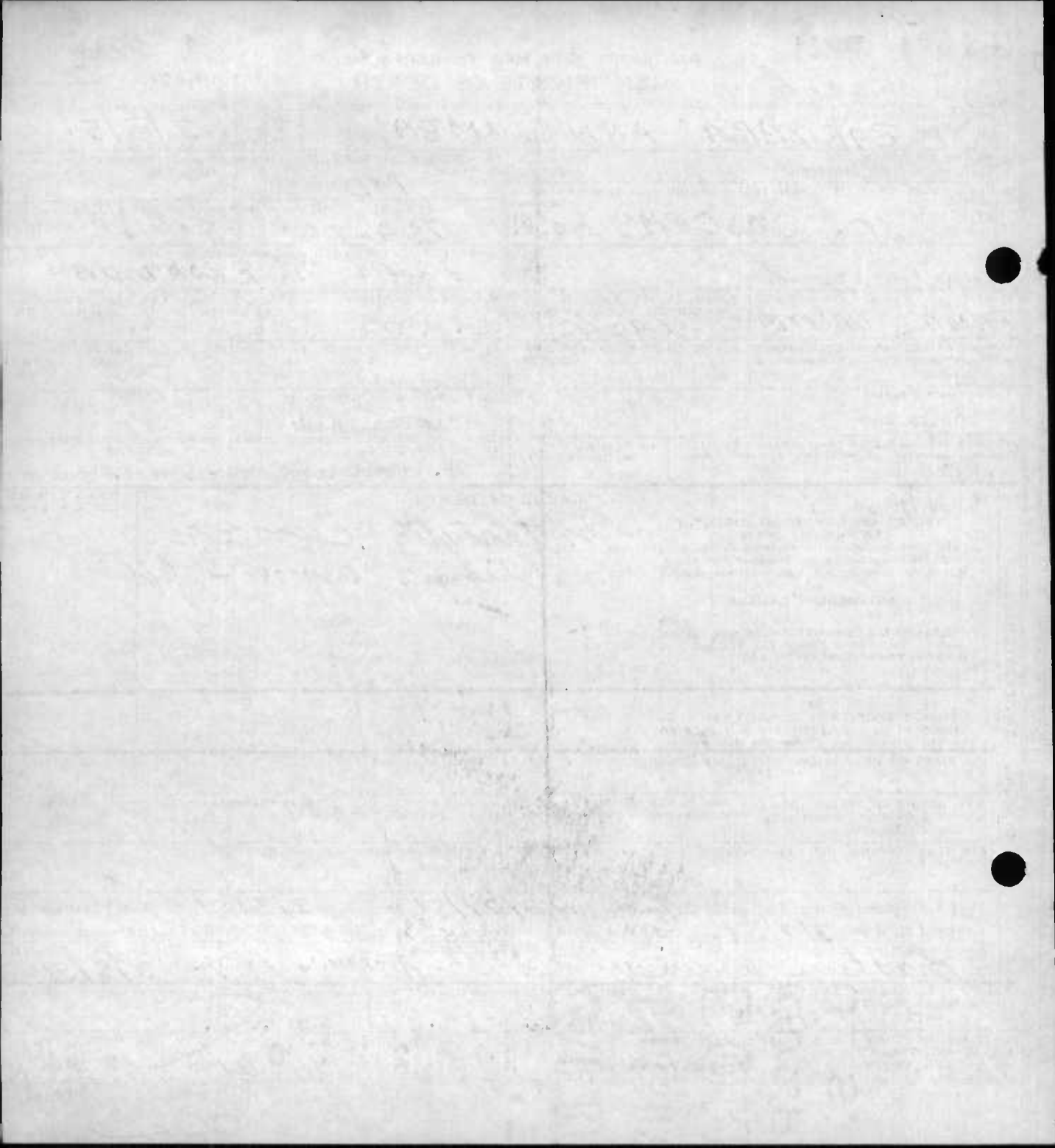
Anthony J. Williams

21m2 1/2 St. Johns & Sans Balto

Md.

VS 150

52a



650 51 2242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2242
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) S. SABINA CURRAN		2. DATE OF DEATH Mar. 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY ..	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3201 Virginia Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16	
D. STREET ADDRESS (If rural, give location) 3201 Virginia Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 24, 1887
9. AGE (In years last birthday) 63		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Owen W. Prince		14. MOTHER'S MAIDEN NAME Emma Reese	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mr. Albert J. Curran - 3201 Virginia Ave.		ADDRESS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Hemorrhage (A) DUE TO (B) 14 years since C.V. Disease (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH about 8 hrs. about 2 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1948, to March 7, 1951, that I last saw the deceased alive on 3/7, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Julius C. Bluck		23B. ADDRESS M. D. 5356 Reisterstowne		23C. DATE SIGNED 3/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/10/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951		24F. REGISTRAR'S SIGNATURE William H. Williams	
24G. FUNERAL DIRECTOR J. J. Baker & Sons - Balt.		24H. ADDRESS 937 Md.			

460

51 2243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2243

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SARAH ELIZABETH BEHLER

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Metodist Home for the Aged
2211 W. Rogers Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 17, 1868

9. AGE (In years last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham Hess

14. MOTHER'S MAIDEN NAME

Sarah Mourer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Manie B. Fisher - 2211 W. Rogers Av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

(C)

1 wk

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1951, to 7 Mar, 1951, that I last saw the deceased alive on 7 Mar, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Barnard

M. D.

23B. ADDRESS

1531 E North Ave

23C. DATE SIGNED

8 Mar 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/51

24C. NAME OF CEMETERY OR CREMATORY

Carroll Chapel Cem.

24D. LOCATION (City, town, or county)

Lutherville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Baker & Sons - Balt.

ADDRESS

UNION

GEORGE W. BROWN

WATKINS

1875

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

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WATKINS

620 51 2244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2244
Registered No.

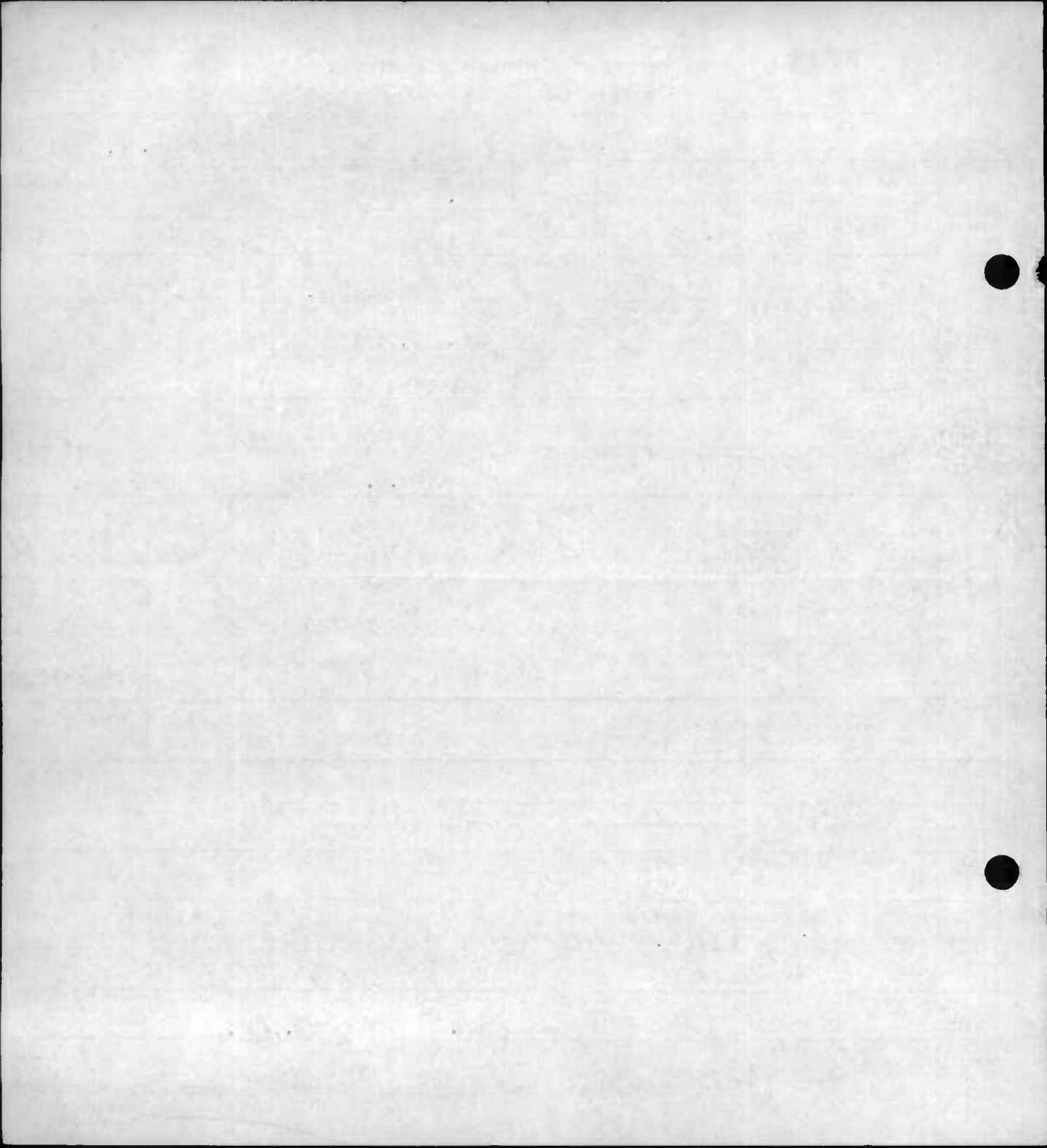
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JENNIE C. BROSS			2. DATE OF DEATH Mar. 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4806 Homer Ave.			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4806 Homer Ave.			E. LENGTH OF STAY IN BALTIMORE LIFE		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 10, 1873	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Owen McElgunn			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Wm. B. Gerwig			ADDRESS 4806 Homer Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Arterio Sclerotic CardioVasc Disease		few years	
(B) Senile Dementia		few years	
(C) Uremic Coma		3-4 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 10, 1951 , to 3/8/51 , 19 51 , that I last saw the deceased alive on 3/4 , 19 51 , and that death occurred at 7A m., from the causes and on the date stated above.					
23A. SIGNATURE Plex Allenbrook		23B. ADDRESS 4603 PARK HTS AVE		23C. DATE SIGNED 3/8/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/10/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balt. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951		REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Dr. M. J. Tichenor
		ADDRESS 937 Md.	



536 51 2245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2245
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT GODFREY HENDERSON

2. DATE
OF DEATH March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

552 St. Mary's St.

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 28, 1949

9. AGE (In years last birthday)

1

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Robert Baptiste

14. MOTHER'S MAIDEN NAME

Virginia Chavives

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Arline Henderson 552 St. Mary

18. 351X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Microcephaly

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Spastic paraplegia

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☒

March 7, 1951

M.D.

MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-10-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1951

REGISTRAR'S SIGNATURE

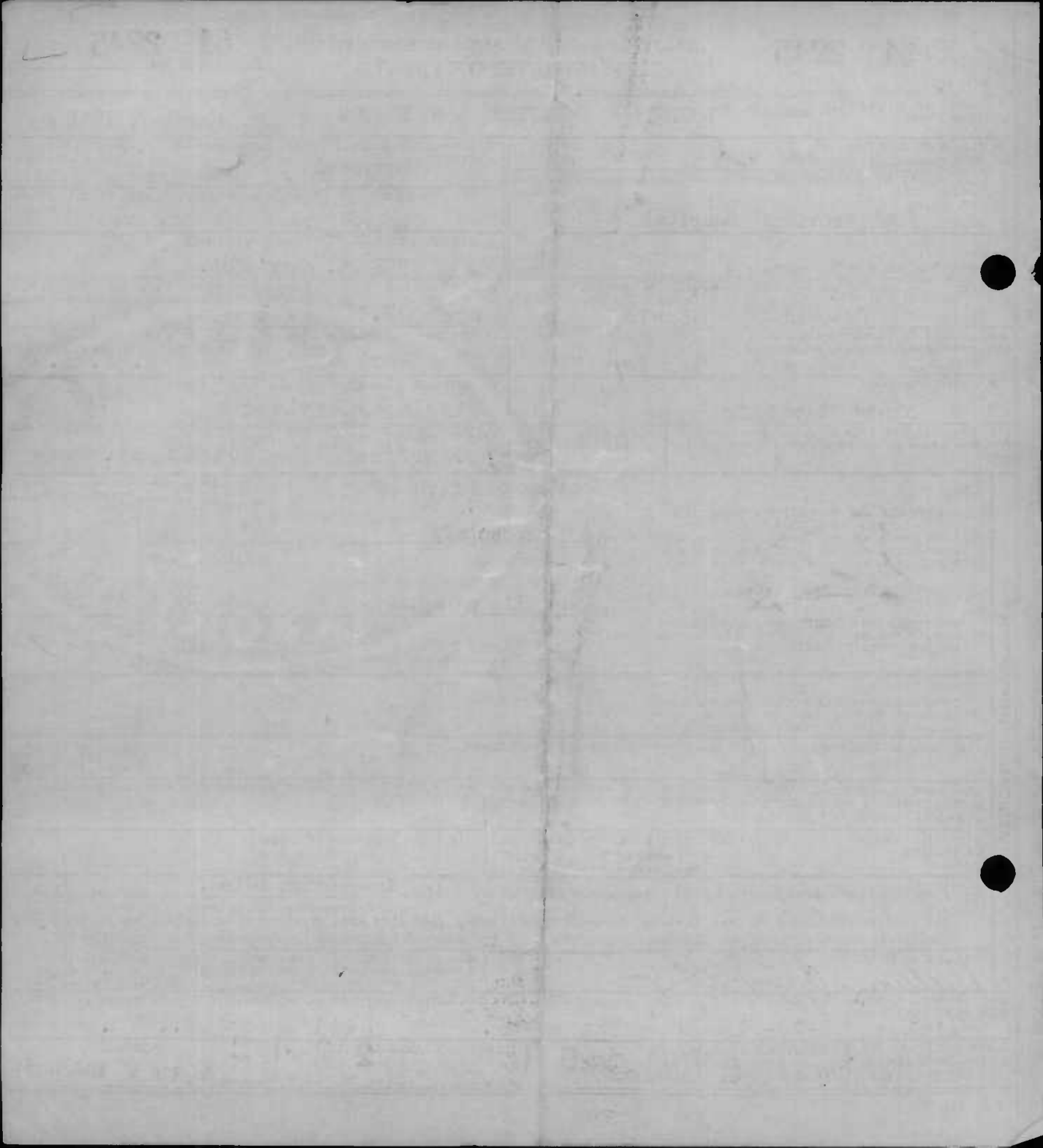
William H. Williams

25. FUNERAL DIRECTOR

Walter C. Hensley

ADDRESS

578 W. Biddle St.



560 51 2246

LAMAR

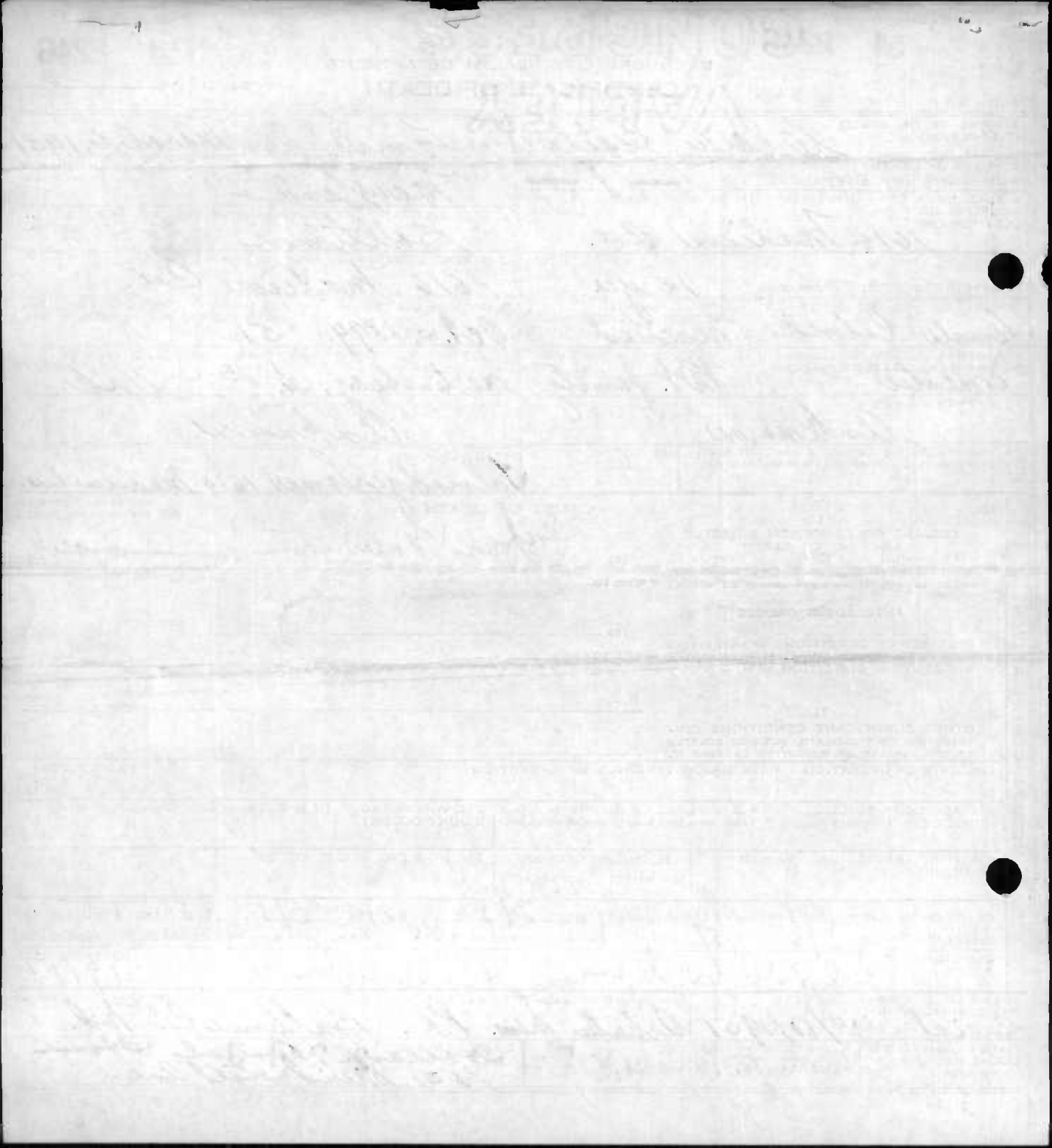
Dr. Rockling 51 2246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Clara Caither Lamar</i>			2. DATE OF DEATH <i>March 6, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1616 Madison Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write INRA and give township) <i>Baltimore 14-02</i>		
D. STREET ADDRESS (If rural, give location) <i>1616 Madison Ave.</i>					
5. SEX <i>Female</i>			6. COLOR OR RACE <i>Colored</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>Oct. 3, 1899</i>		
9. AGE (In years last birthday) <i>51</i>			10. UNDER 1 Year Months Days		
11. UNDER 24 Hours Hours Min.			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Ret. family</i>		
11. BIRTHPLACE (State or foreign country) <i>Martinsburg, W. Va.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Salma Lamar</i>			ADDRESS <i>1616 Madison Ave.</i>		
18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Tuberculosis</i>			CAUSE OF DEATH <i>Tuberculosis</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>None</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/5</i> , 19 <i>51</i> to <i>3/1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/1</i> , 19 <i>51</i> , and that death occurred at <i>100</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R. W. Rockling</i>		23B. ADDRESS <i>410 N. Gilman</i>		23C. DATE SIGNED <i>3/9/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/10/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>		24E. NAME OF CEMETERY DIRECTOR <i>William H. Galt</i>		24F. ADDRESS <i>1651 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9 - 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Galt</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>William H. Galt</i>	



615 51 2247

GRIFFIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 2247

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hellie Laurena Griffin

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

518 Gold St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

518 Gold St.

C. Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 27, 1887

9. AGE (In years
last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

St. Mary Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Clarence D. Griffin Settlon Rd.

ADDRESS 2708

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Pancreas

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-7-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma with Metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to March 8, 1951, that I last saw the
deceased alive on March 8, 1951, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wilson

23B. ADDRESS

617 W. 40th St

23C. DATE SIGNED

3/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Ft. Calvary

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9 - 1951

REGISTRAR'S SIGNATURE

L. J. Williams, Jr.

25. FUNERAL DIRECTOR

B. S. D. Funeral Home

ADDRESS

B. S. D. Funeral Home

1971 - 2000

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

10. 1. 1958 12. 1. 1958

35251 2248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2248

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. ADAMS

2. DATE
OF
DEATH

3/7/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

27

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4107 ANNAPOLIS AVE 5200

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 11, 1889

9. AGE (In years
last birthday)

61.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Carpentry

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Adams

14. MOTHER'S MAIDEN NAME

Laura Craig

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Dorothy Castranda 2710 Hammonds
Ferry Rd.

18. 163 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSION

DUE TO

(C)

Poss Cancer of Lung

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1951, to 3/7, 1951, that I last saw the
deceased alive on 3/7, 1951, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John F. Strahan

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3/7/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-1 -1951

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

G. Howard Strong 3207 W. North Ave.,

ADDRESS

WILLIAM
H. H. H. H.

436 51 2249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2249
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE R. SELTERS

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2111 Kirk Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2111 Kirk Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 4, 1892

9. AGE (In years,

last birthday)

59

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick O'Connor

14. MOTHER'S MAIDEN NAME

Mary McGovern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John P. Selters, 3802 Monterey Road,

18. 434.3 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

(C)

Cardiac Hypertrophy, Dilatation

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/15, 1950, to 3/7, 1951, that I last saw the deceased alive on 1/30, 1951, and that death occurred at 1:15 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

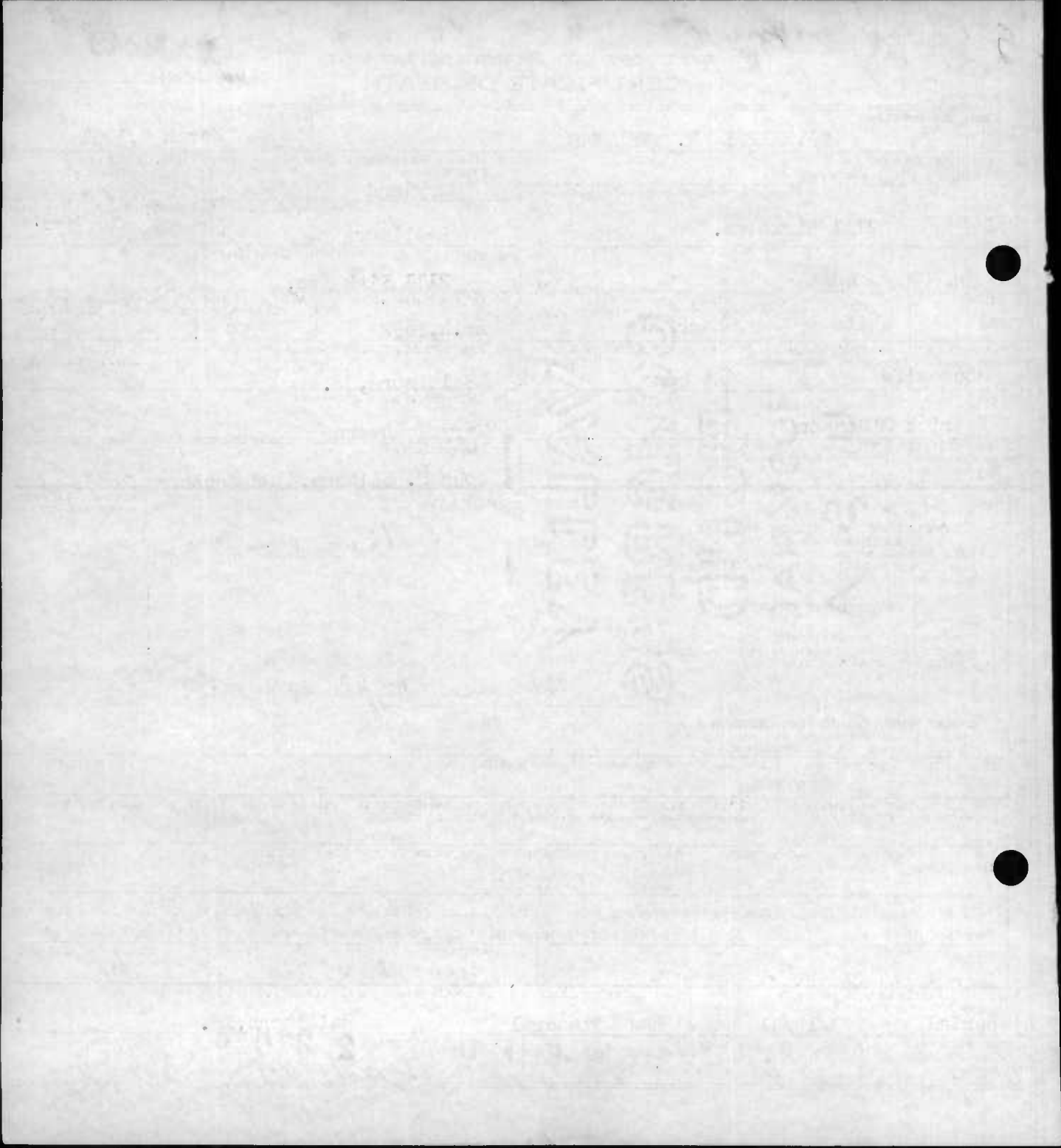
MAR 9 - 1951

VS 150

95c

MEDICAL CERTIFICATION

correct age is essential



530

51 2250

BALTIMORE CITY HEALTH DEPARTMENT

51 2250

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS F. SMITH

2. DATE
OF
DEATH

Mar. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3652 Clipper Road

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3652 Clipper Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 26, 1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lather, retired

10B. KIND OF BUSINESS OR
INDUSTRY

J.B. Hitchinson

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Smith

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William M. Smith, 3652 Clipper Road

18.

442X

CAUSE OF DEATH Cardiac - Renal

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Nov 1st, 1947 to Mar 7th, 1951, that I last saw the
deceased alive on Mar 7th, 1951, and that death occurred at 10:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. L. Litchfield

M. D.

23B. ADDRESS

3614 - Fannie Pl.

23C. DATE SIGNED

3/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/10/51

24C. NAME OF CEMETERY

St. Mary's, Hampden, Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1951

Wm. L. Williams, Jr.

1217 St. Paul St.

216

51 2251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2251

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY P. McBRIDE

2. DATE
OF
DEATH

Mar. 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission.)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3025 Windsor Ave

C. CITY OR TOWN (If outside corporate limits, write FULL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2441 Guilford Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female

White

Widow

July 4, 1867

83

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Smithfield, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph A. Physioc

14. MOTHER'S MAIDEN NAME

Martha Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert C. Physioc, 2441 Guilford Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) *Bronchopneumonia*

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from *March 6*, 1951, to *March 7*, 1951, that I last saw the
deceased alive on *March 7*, 1951, and that death occurred at *11:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3048 W. North Ave.

March 8, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/10/51

Loudon Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1951

Huntington Williams, M.D.

Wm. Cook, Inc. 1217 St. Paul St.

415 9122-

~~CONFIDENTIAL~~



250

51

2252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

2252

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY J. JACKSON

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

8113 Toone St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6113 Toone St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 30, 1885

9. AGE (in years;
last birthday)

65

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Operator, Ret

10B. KIND OF BUSINESS OR
INDUSTRY

Md. Bolt & Nut Co

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry J. Jackson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Virginia Jackson, 6113 Toone St.

18. 332 X₁

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-21-51, 19__, to 5-7-51, 19__, that I last saw the
deceased alive on 3-8-51, 19__, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/10/51

Mountain View,

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

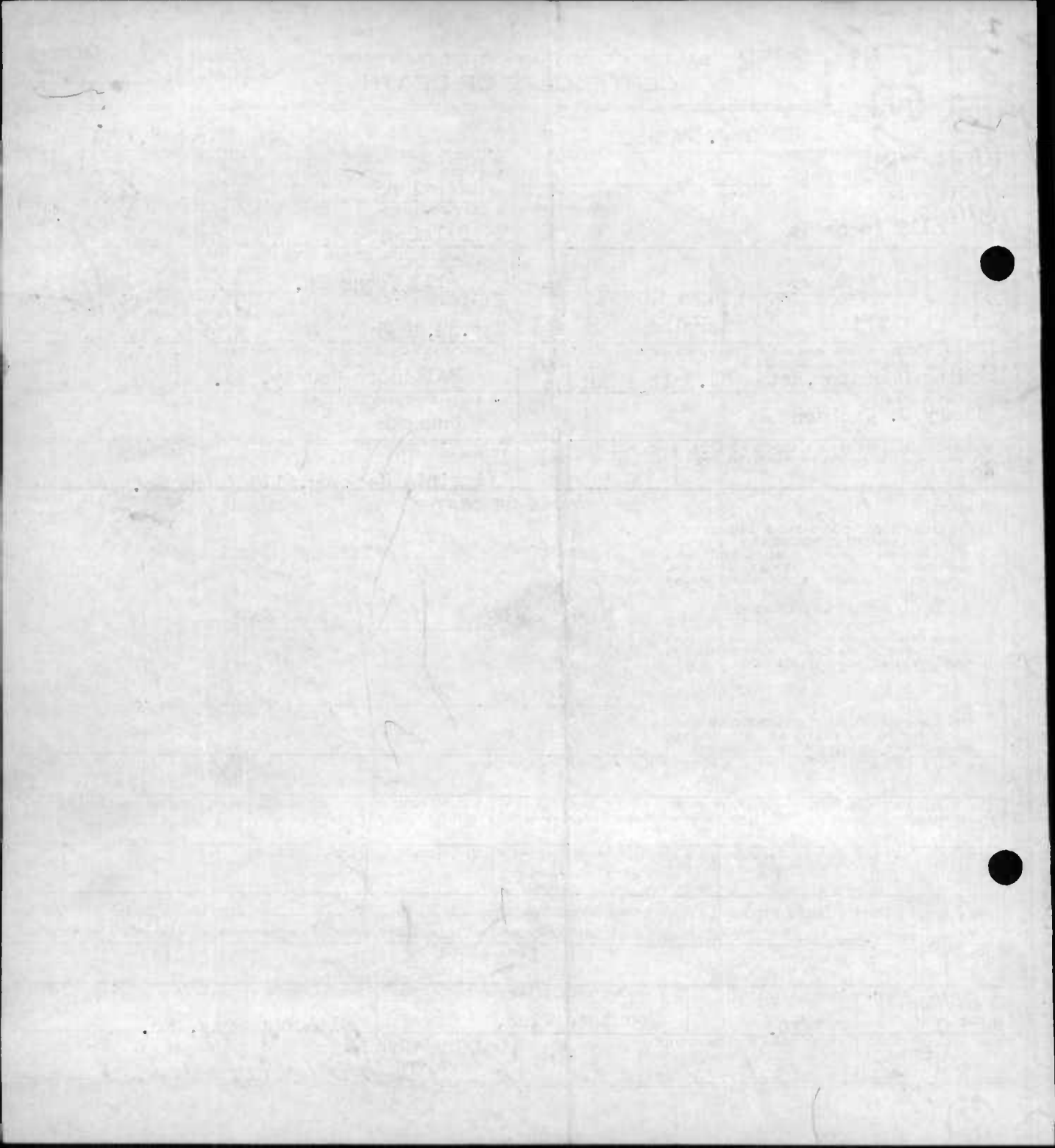
25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1951

Huntington Williams, Jr.

1214 St Paul St



Baltimore City Health Department CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Annie C. Otter

2. DATE
OF
DEATH

Mar. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

720 E. 35th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

9-03

D. STREET ADDRESS (If rural, give location)

720 E. 35th St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/18/1859

9. AGE (In years last birthday)

91

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Smith

14. MOTHER'S MAIDEN NAME

Christina (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Grace M. King 720 E. 35th St.

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED *Mar. 9, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/10/51

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

24D. LOCATION (City, town, or county)

Steuers Run Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1951

REGISTRAR'S SIGNATURE

Wm. H. Kammer, Jr.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

413 51 2254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2254

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

C. ERNEST

SCHLUFTER

2. DATE
OF
DEATH

3/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

18-01

D. STREET ADDRESS (If rural, give location)

868 W. BALTIMORE ST

8. DATE OF BIRTH

1/21/69

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Doctor

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

(Unknown)

Schluffer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-20-4015

17. INFORMANT

HERMAN SCHLUFTER

ADDRESS

44
506 LOCKSLEY B

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

GENERALIZED ARTERIOSCLEROSIS

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1951, to 3/6, 1951, that I last saw the
deceased alive on 3/6, 1951, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John F. Strahan

M. O.

23B. ADDRESS

UNIVERSITY Hosp.

23C. DATE SIGNED

3/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams

25. FUNERAL DIRECTOR

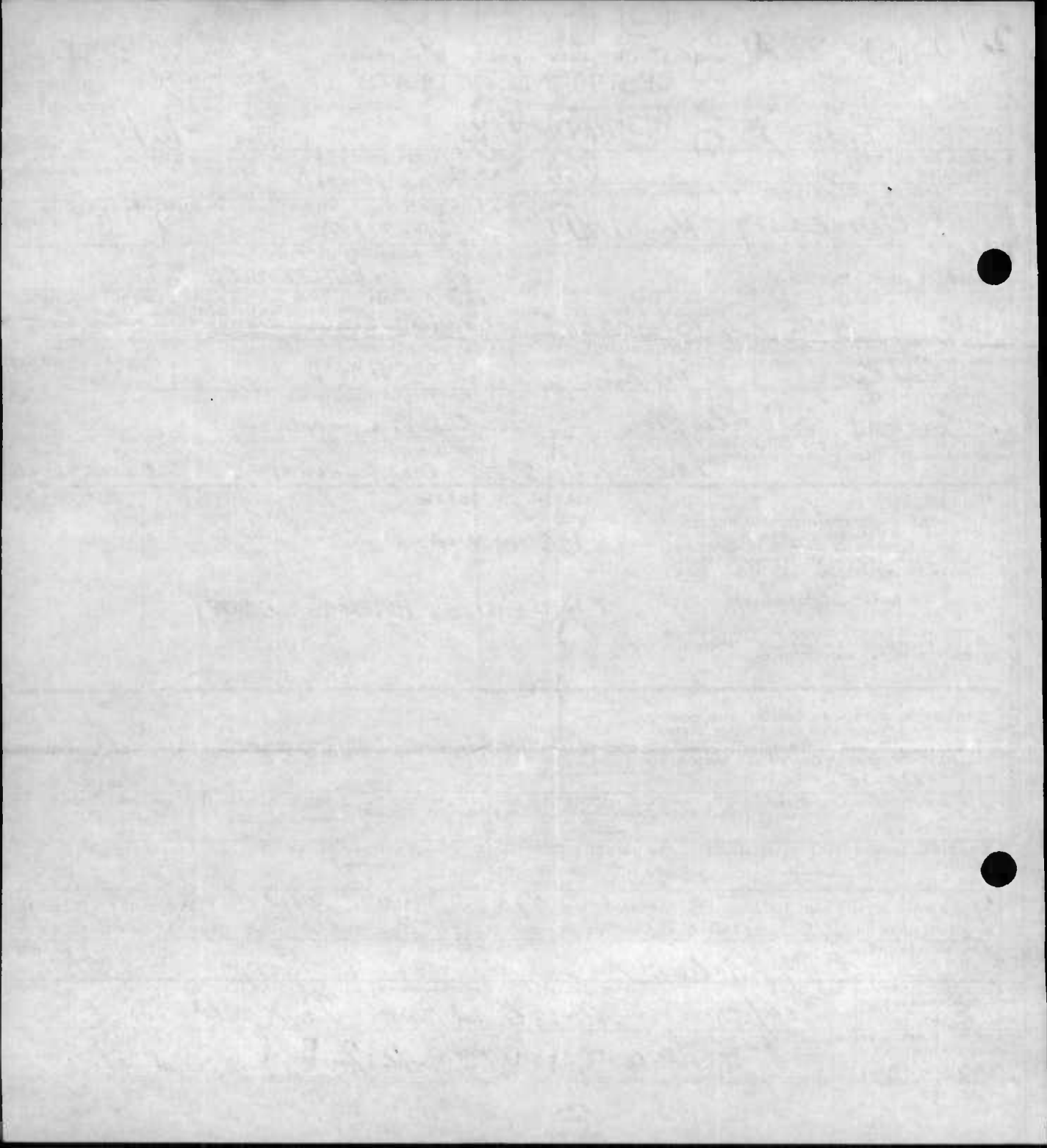
ADDRESS

Wm. Cook & Son, 5217 St. Paul St.

MAR 9 - 1951

VS 150

97



200

EWACHIW

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

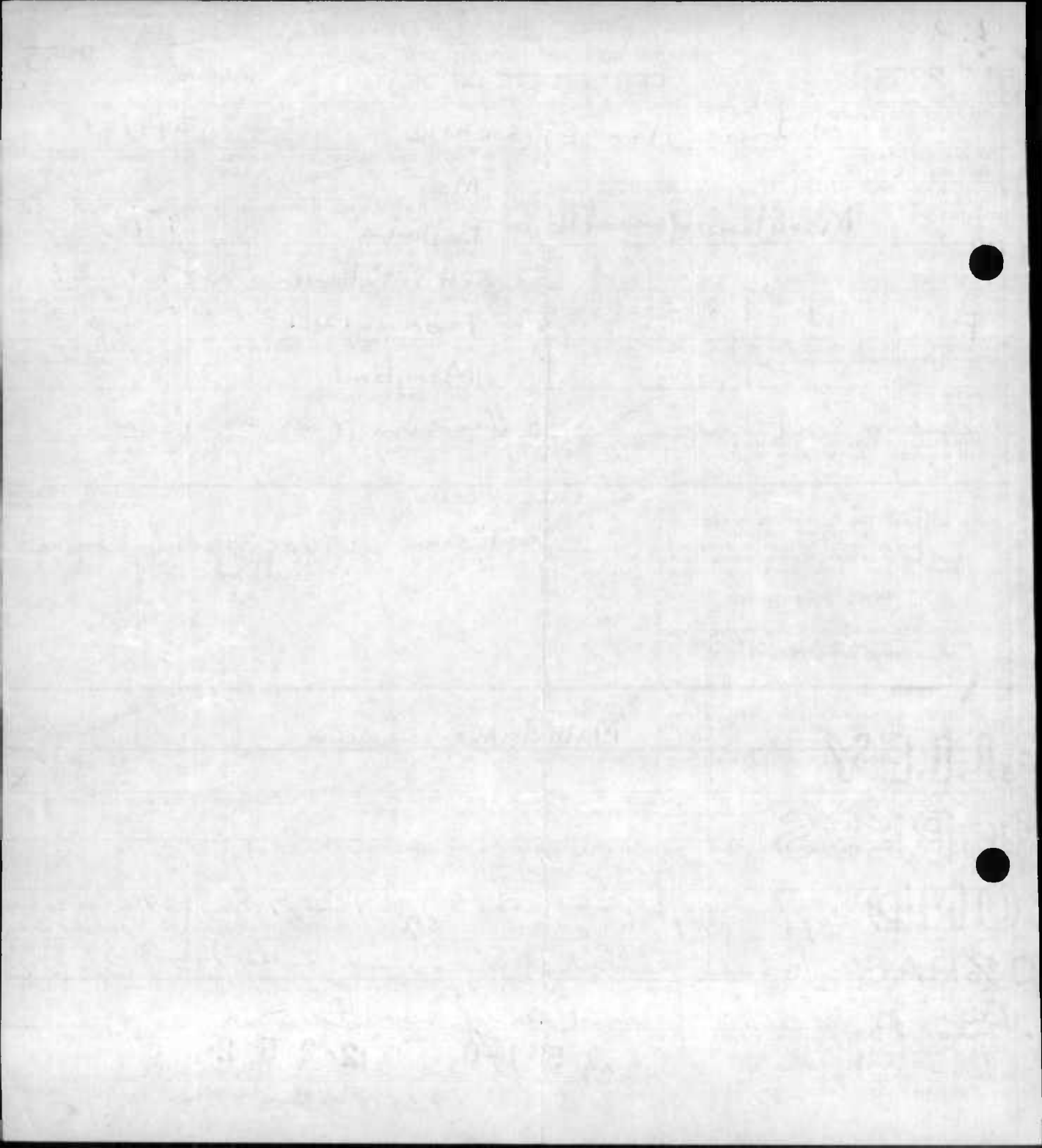
Registered No. 51 2255

BIRTH NO. 51 2255 51-03393

1. NAME OF DECEASED (Type or Print) Patricia Ann Ewachiw			2. DATE OF DEATH 3/9/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 1-84		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maryland General Hosp			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 504 S. Patterson Park Ave 31		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH February 12 1951		9. AGE (in years last birthday) 24 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Miriam Ewachiw			14. MOTHER'S MAIDEN NAME Leodora Wawrzyniak		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 768.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia (Type pending culture)		INTERVAL BETWEEN ONSET AND DEATH Terminal
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malnutrition anorexia		1 week?

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/8 1951 to 3/9 1951 , that I last saw the deceased alive on 3/9 1951 and that death occurred at 5:30 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Marguerite Louise Candlin		23B. ADDRESS Maryland General Hosp.		23C. DATE SIGNED 3/9/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. NAME OF CEMETERY OR CREMATORY		24C. LOCATION (City, town, or county) (State)	
Burial March 8/51 Sacred Heart of Mary Baltimore		St. Ignace Cemetery		Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR ADDRESS	
MAR 9 - 1951		William H. Williams		Fred J. Czajkowski	



520
51 2256BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2256
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTIN G RENES			2. DATE OF DEATH 3-6-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1354 RICHARDSON ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1354 RICHARDSON ST.		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1891	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCKE INSULATOR			11. BIRTHPLACE (State or foreign country) BALTIMORE		
13. FATHER'S NAME UNKNOWN			12. CITIZEN OF WHAT COUNTRY? YES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. UNKNOWN		
17. INFORMANT MARY RENES 1354 RICHSON ST.			ADDRESS		

CAUSE OF DEATH

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Hemorrhage DUE TO	(A) Coronary Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease DUE TO	(B) Arteriosclerotic Heart Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocardial arteriosclerosis DUE TO	(C) Myocardial arteriosclerosis	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/24/**, 19**50**, to **3/6/**, 19**51**; that I last saw the deceased alive on **3/6/**, 19**51**, and that death occurred at **9:20 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE N. P. Friedman	23B. ADDRESS 1319 Lytle St.	23C. DATE SIGNED 3/8/51
---	---------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-10-51	24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN	24D. LOCATION (City, town, or county) (State) B. B. 603
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Charles F. Dill	ADDRESS 1501 E. FORT AVE
---	---	--	------------------------------------

FREEMAN

512
51 2257

BALTIMORE CITY HEALTH DEPARTMENT

51 2257

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY KNOFSKI

2. DATE
OF
DEATH

3-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write R.I.T.A. and give township)

BALTIMORE

24-01

O. STREET ADDRESS (If rural, give location)

1354 ANDRE ST.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1354 ANDRE ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

93

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

NO

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mary Knofski 1354 Andre St.

18. 470.01

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerotic heart disease

7 mos

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) generalized arterio sclerosis

?

QUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/2/50, 19, to 3/7/51, 19, that I last saw the deceased alive on 3/6/51, 19, and that death occurred at P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

3/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-10-51

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

MAR. CO.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Dill 1501 E. Fort Ave.

MEDICAL CERTIFICATION

R1525L

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RALPH

MUMNERT

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Pennsylvania

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Found in water (harbor)
INSTITUTION

between Pier 4 and 5 Pratt St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

York

D. STREET ADDRESS (If rural, give location)

343 Cottage Hill Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 18, 1923

9. AGE (In years
last birthday)

28

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 9-9.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning, found drowned

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Found between Pier 4 & 5 Pratt St.

4/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found March 7, 1951 ? m.

21E. INJURY OCCURRED

WHILE AT ☐ ? NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
March 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-10-51

24C. NAME OF CEMETERY, OR CREMATORY

York

24D. LOCATION (City, town, or county) (State)

York Pa

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9-1951

REGISTRAR'S SIGNATURE

William Mumner

25. FUNERAL DIRECTOR

Lilly & Zehn 1038 W. 18th St

ADDRESS

VS 151

V-990X

183

MEDICAL CERTIFICATION

No.	Name	Address	City	Province
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2259
Registered No.

523
51 2259
BIRTH NO.

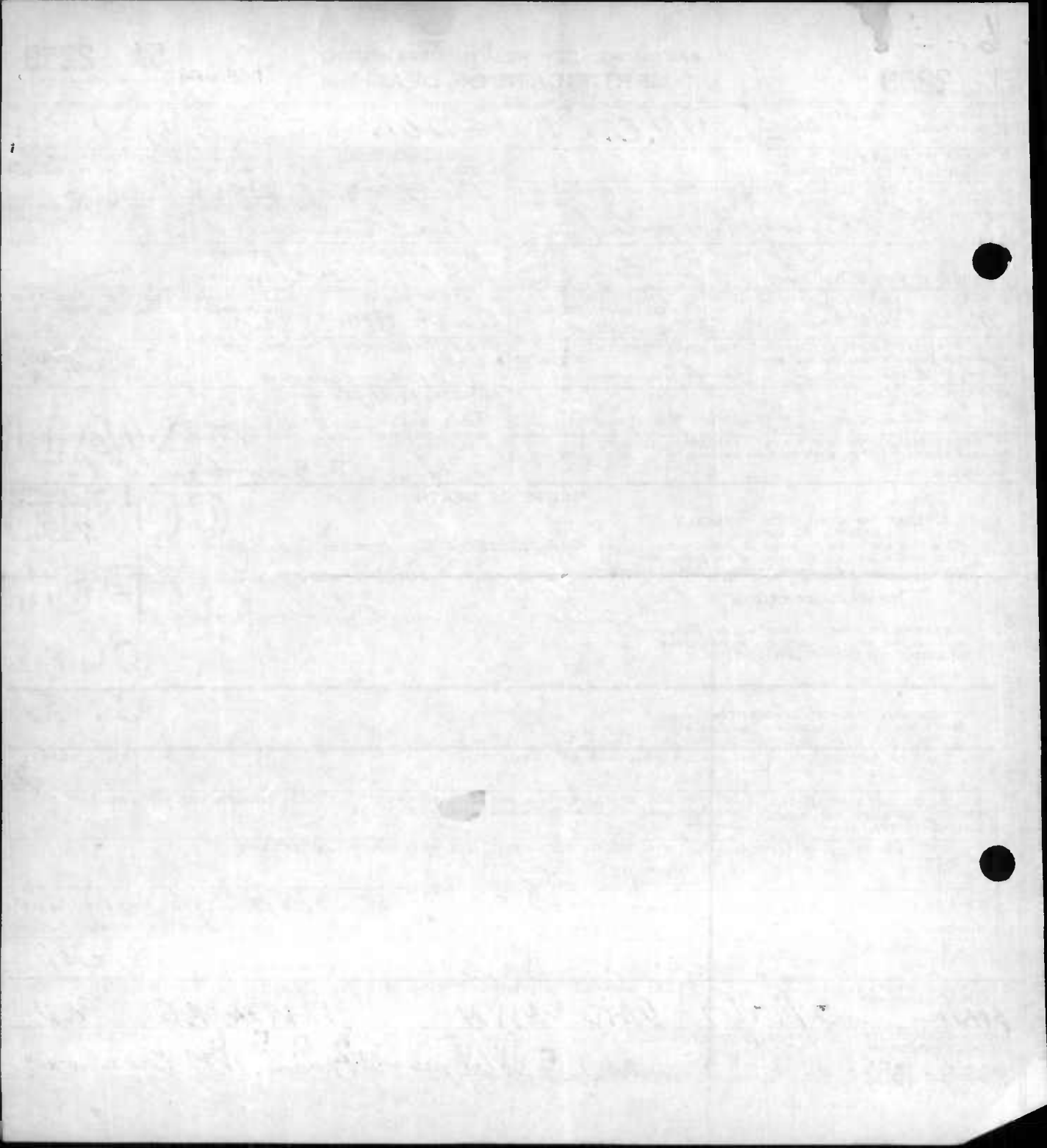
1. NAME OF DECEASED (Type or Print) MELVIN C. LANGDON			2. DATE OF DEATH 3/8/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.		
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1809 Woodbourne ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 8, 1910		9. AGE (In years last birthday) 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Burner			10B. KIND OF BUSINESS OR INDUSTRY Hugh Chemical Co.		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Wallace Langdon		
14. MOTHER'S MAIDEN NAME Louise Ferguson			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT Wife ADDRESS 1809 Woodbourne ave.		

18. 204.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Subarachnoid Hemorrhage		DUE TO		2 hr.	
(B) Acute Monocytic Leukemia		DUE TO		?	
(C)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/5 1951, to 3/8/51 , 1951, that I last saw the deceased alive on 3/8/51 , 1951, and that death occurred at 6:45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE W B Reever, Jr. M. D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 3/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/13/57		24C. NAME OF CEMETERY OR CREMATORY DAKE LAWN	
24D. LOCATION (City, town, or county) BALTIMORE		24E. STATE MD		25. FUNERAL DIRECTOR 256 ADDRESS 1639 Broadway	
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951		REGISTRAR'S SIGNATURE		VS 150	

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655
1 2260BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2260

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE CHILDS SHERMAN

2. DATE
OF
DEATH

Mar. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 3509 N. Calvert St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3509 N. Calvert St.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Oct. 31, 1870

9. AGE (in years
last birthday)
80If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Emory Childs

14. MOTHER'S MAIDEN NAME

Mary Jane Causey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)
no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Morton Allen - 3509 N. Calvert St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

2 minutes

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic C-V-D

?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive C-V-D

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from April, 1946 to Mar 8, 1951, that I last saw the
deceased alive on Mar 8, 1951 and that death occurred at 1¹⁰ a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/10/51

Jessups Cem.

Cockeysville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1951

VS 150

937 Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2261
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMIL PAKULA

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

147 N. Highland Avenue

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

1894

9. AGE (In years

last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Cannery
Leslie, Md.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-14-1728

17. INFORMANT

ADDRESS

Mary Benczkowski

147 N. Highland Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-12-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

Baltimore County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

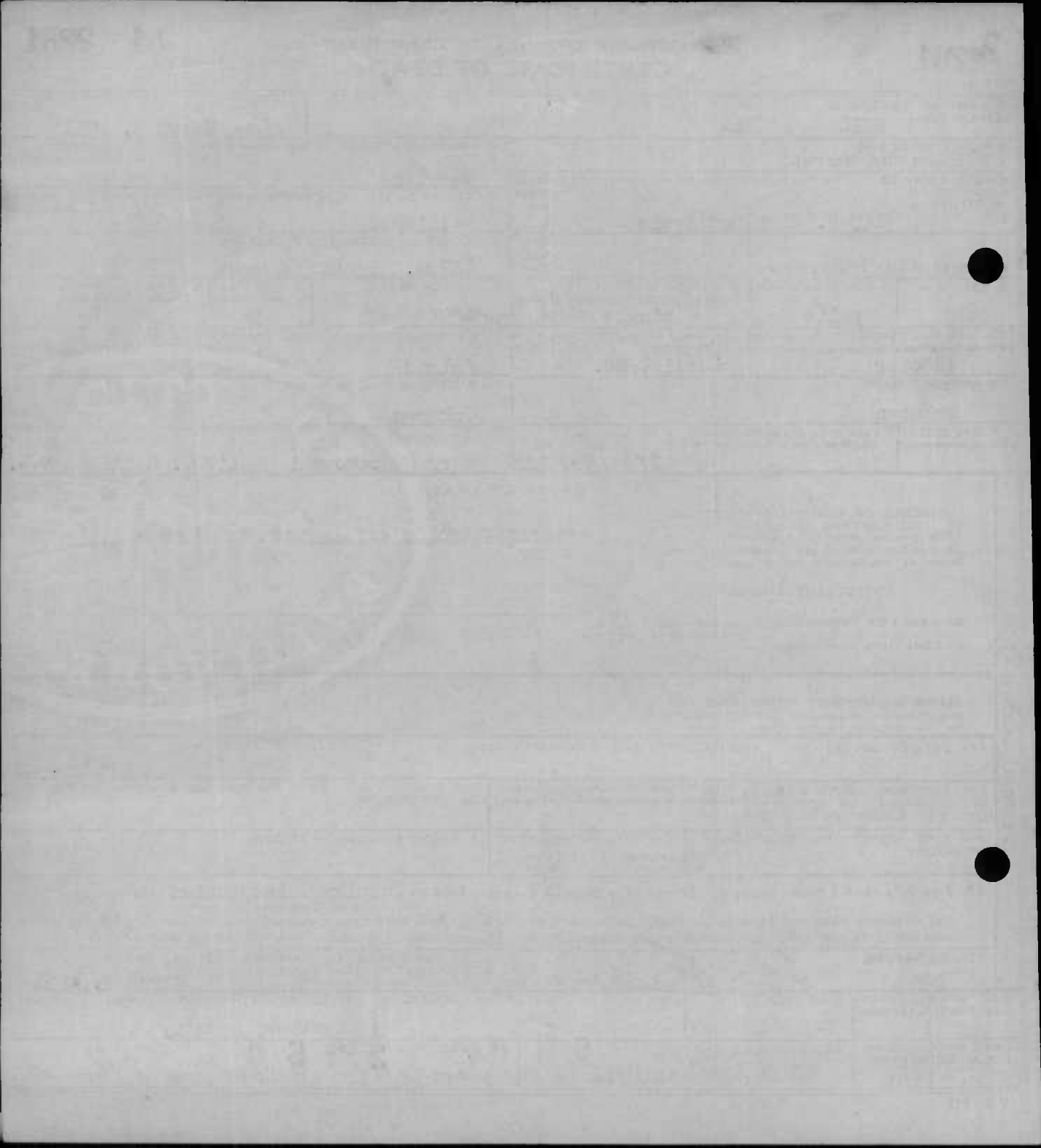
George A. Weber 705 S. Pine St.

ADDRESS

V S 151

970 42

93D



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2262
Registered No.

212
51 2262
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOWARD E. JACOBS		2. DATE OF DEATH March 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3201 Lyndale Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 1st 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Bethlehem Steel Co.		9. AGE (In years last birthday) 60	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Danville Va.	
13. FATHER'S NAME Wm. H. Jacobs		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Catherine V. Beams	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mary H. Jacobs 3201 Lyndale Ave	

18. E 970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute barbiturate poisoning		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Found Laurel Cemetery-2400 block Belair	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March ?, 1951 ?		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingestion of barbiturate capsules	

22. I certify that I took charge of the remains described above, held an Autopsy Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE
Stanley H. Duncanson M.D.
23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....
23C. DATE SIGNED
March 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 12 1951		24C. NAME OF CEMETERY OR CREMATORY Balto National		24D. LOCATION (City, town, or county) (State) Fredrick Rd.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		25. FUNERAL DIRECTOR Geo. S. Cook 1701-23 N. Patterson Park		ADDRESS	

V S 151
N-971X
510 3A
163 B ave

MEDICAL CERTIFICATION

[illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2263**

51 2263
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Page

2. DATE
OF
DEATH

March 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

925 - Madison Ave

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married Hotel

8. DATE OF BIRTH

7-?-1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of workable life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Wash. D. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr Walker - Redgewood Road

ADDRESS

18. **442 X and 916.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Unemia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Candio-Renal Syndrome**

DUE TO

Second Degree Burns

(C)

M. D.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Second Degree Burns

11 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

925 Madison Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 26, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently burned by being too near stove - possibly intoxicated

22. I hereby certify that I attended the deceased from **2-26-1951**, to **3-6-1951**, that I last saw the deceased alive on **3-6-1951**, and that death occurred at **4:02 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Mark Cox

23B. ADDRESS

1514 - Division St

23C. DATE SIGNED

3-7-51

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cedar Hill Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 9 - 1951

REGISTRAR'S SIGNATURE

W. A. Halstead

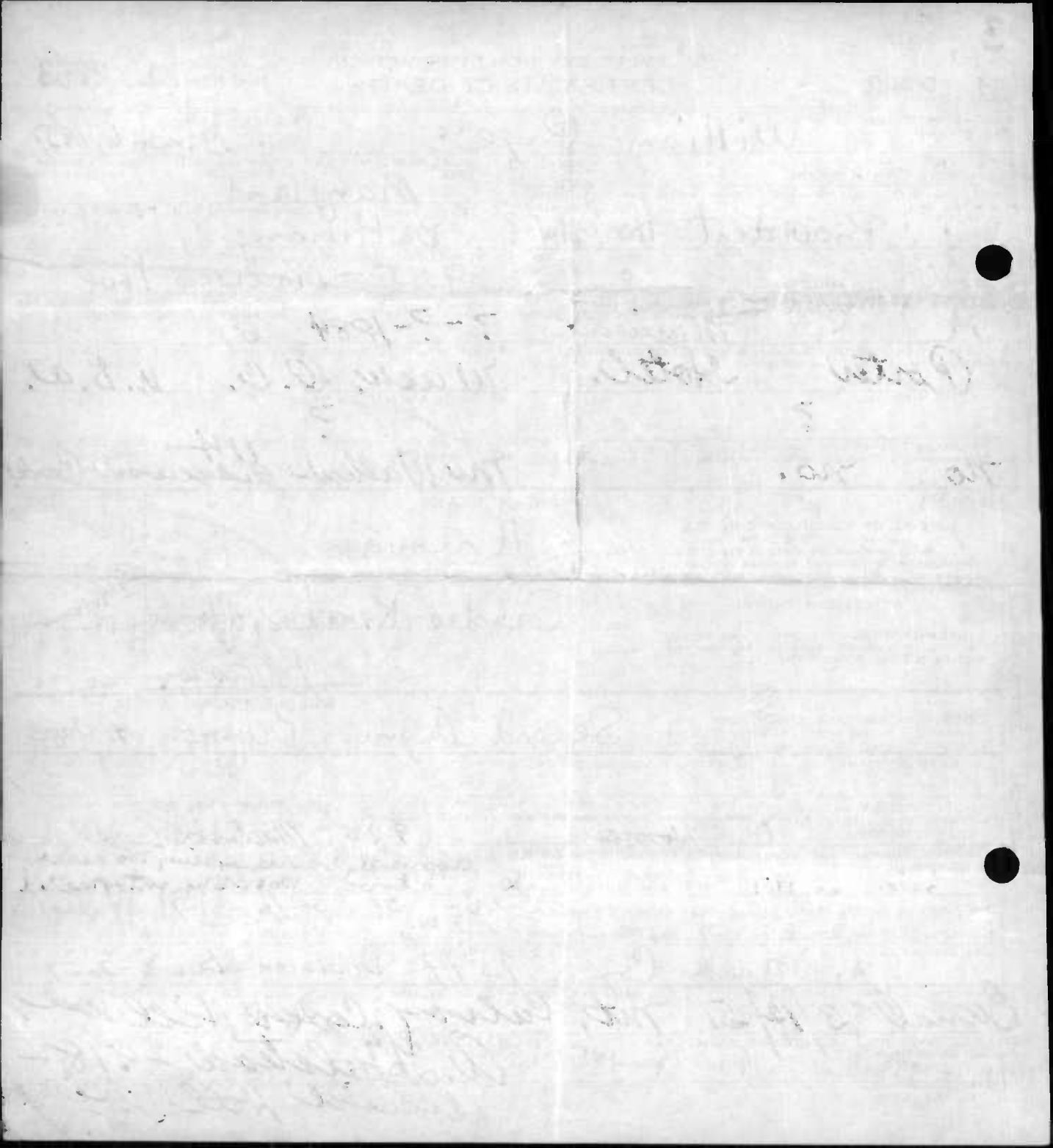
25. FUNERAL DIRECTOR

W. A. Halstead - 918 -

ADDRESS

7808B Druid Hill Ave

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2264
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTIN		2. DATE OF DEATH March 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 845 Druid Hill Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-7-96
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Contractor	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

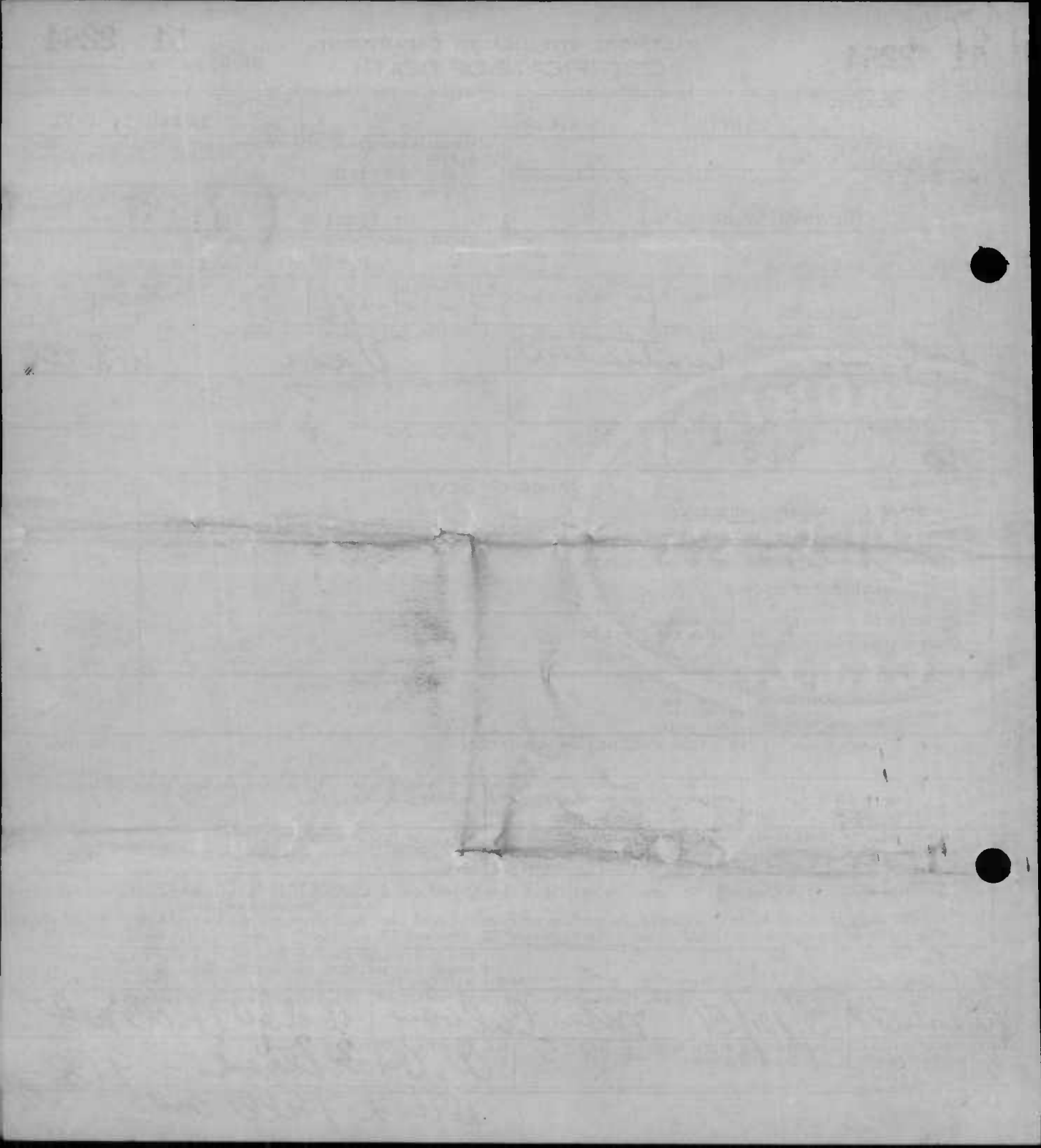
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley B. Duncanson</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 6, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3/12/51	24C. NAME OF CEMETERY OR CREMATORY mt. Calvary
24D. LOCATION (City, town, or county) (State) Edgewood Hill Md.	25. FUNERAL DIRECTOR A. Halstead - 918-	ADDRESS

97024/Druid Hill ave. 930 ✓



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2255**

530
51 2255
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN (VICTORIA) BENNETT			2. DATE OF DEATH March 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write M.R.A. and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1618 Ruxton Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct.	9. AGE (In years last birthday) 26	10. MONTHS: 15 DAYS: 03
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) S. C.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME James Smith			14. MOTHER'S MAIDEN NAME Washington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Samuel Bennett - Ruxton Ave.			ADDRESS 1618 -		

18. E 983 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to manual strangulation		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A) _____	
ANTECEDENT CAUSES		(B) _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1618 Ruxton Ave.			
21D. TIME (Month) (Day) (Year) (Hour) March 4, 1951 1 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Strangled by person unknown			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley B. Deanecker		M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED March 8, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3/10/51	24C. NAME OF CEMETERY OR CREMATORY Yemassee	24D. LOCATION (City, town, or county) (State) S. C.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1951	REGISTRAR'S SIGNATURE W. Halstead	15. FUNERAL DIRECTOR W. Halstead - 918 -			
VS 151		Alcid Hill Ave.			

MEDICAL CERTIFICATION

Correct age is especially important in infant deaths. Please write the causes of death clearly and legibly.

3253 18

1901 11 10

Thompson's 3/10/11

520

51 2266

51-05150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2266

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Linwood Jones Jr

2. DATE
OF
DEATH

March 9 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

310 Hoffman St W.

C. CITY OR TOWN

Baltimore Md

(If outside corporate limits, write RURAL and give township)

11-04

D. STREET ADDRESS (If rural, give location)

310 Hoffman St W.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 8 1951

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

1 day

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Linwood Jones

14. MOTHER'S MAIDEN NAME

Esther Ober Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Linwood Jones 310 Hoffman St

18.

761.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Suffocation
in long hospital in
labour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March 7, 1951, to March 9, 1951, that I last saw the
deceased alive on March 8, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Stewart

M. D.

23B. ADDRESS

632 Franklin St

23C. DATE SIGNED

March 9

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cedar Hill Md.

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. Stewart

25. FUNERAL DIRECTOR

ADDRESS

W. Halstead - 918

MAR 9 - 1951

VS 150

Cedar Hill Ave 1600

MEDICAL CERTIFICATION

Enclosed for Mr. William Graham Hall, Jr.
of the New York State Bar Association
is a copy of the report of the
Committee on the Administration of Justice
for the year 1927.

1947

100-10000

March 9, 1947

Mr. T. J. Hall

My dear Mr. Hall:

I am very glad to hear

from you and

thank you for your letter

of the 11th inst.

Yours

Very truly yours,

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

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W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

W. J. Hall

526
51 2258
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2258

1. NAME OF DECEASED (Type or Print) AUGUST YIENGER		2. DATE OF DEATH 3-6-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2522 FREDERICK AVE.		C. CITY OR TOWN (If outside corporate limits, print RURAL and give township) BALTO. 20-04	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2522 FREDERICK AVE.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH 3-2-1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH. RET. - SELF		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 82
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ANTONG YIENGER		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Grace Yenger - 2522 Frederick Ave.		ADDRESS	
18. 4500 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO ANTECEDENT CAUSES DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 25 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 5 , 19 51 , to March 5 , 19 51 , that I last saw the deceased alive on 3/5 , 19 51 , and that death occurred at m. from the causes and on the date stated above.			
23A. SIGNATURE allert N Katz		23B. ADDRESS 28 N Wilkes	
23C. DATE SIGNED 3/7/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-10-51	
24C. NAME OF CEMETERY OR CREMATORY St. E. Cathedral		24D. LOCATION (City, town, or county) (State) Balto. MD.	
25. FUNERAL DIRECTOR George H. Kelly		ADDRESS Fulton Ave. Fayette St.	

MEDICAL CERTIFICATION

MAR 9 - 1951
VS 150

8228

RETVAL

CO

530
2259BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2259

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Halter V. Smith</i>		2. DATE OF DEATH <i>March 8 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1424 S. Hanover St</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>1424 S. Hanover St. Balto.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City 23-01</i>	
5. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1424 S. 7 Hanover St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/3/1904</i>
10A. USUAL OCCUPATION (Give kind of work and number of working life, even if retired) <i>Chauffeur</i>		9. AGE (In years, last birthday) <i>47</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>P.G. Flannigan</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Howard B. Smith</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>215-03-7680</i>	
17. INFORMANT <i>Marretta Smith</i>		ADDRESS <i>1424 Hanover St</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/18/1950</i> , to <i>3/4/1951</i> , that I last saw the deceased alive on <i>3/8/1951</i> , and that death occurred at <i>5:55 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. P. Friedman</i>		23B. ADDRESS <i>1319 Lyster St.</i>		23C. DATE SIGNED <i>3/9/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>3/12/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) <i>North Am.</i>		24E. STATE <i>Md.</i>		24F. ADDRESS	
25. RECEIVED BY REGISTRAR <i>William H. Williams</i>		25. REGISTRAR'S SIGNATURE <i>John G. Connelly</i>		25. FUNERAL DIRECTOR <i>Connelly</i>	
25. ADDRESS <i>68224</i>		25. ADDRESS <i>94a</i>		25. ADDRESS	

MEDICAL CERTIFICATION

1959

10

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation		76. Signature of cremation	
77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation		88. Signature of cremation	
89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2270

BIRTH NO. 50-13913

1. NAME OF DECEASED
(Type or Print) *NANCY Louise TUROFF*

2. DATE OF DEATH *3-9-57*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *UNIVERSITY*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
716 MARYLAND AVE

Length of stay in Baltimore *1* Yrs. *1* Mos. *1* Days

D. STREET ADDRESS (If rural, give location)
Essex Bluff md - 21 5300

5. SEX *F* 6. COLOR OR RACE *W* 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *July 9 - 1955* 9. AGE (in years last birthday) *2* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY *Infant*

11. BIRTH PLACE (State or foreign country) *BALT - md*

12. CITIZEN OF WHAT COUNTRY? *USA*

13. FATHER'S NAME *Michaelas*

14. MOTHER'S MAIDEN NAME *Mildred Johnson*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *NO* (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *Nicholas Turoff* ADDRESS *same as above*

18. *057.0*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Peripheral hemorrhage, adrenal failure*
DUE TO
(B) *meningococcemia*
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *2* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-8*, 19*57*, to *3-9*, 19*57*, that I last saw the deceased alive on *3-8*, 19*57*, and that death occurred at *3:08 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *F. J. Bonfede*

23B. ADDRESS *Amurites 164*

23C. DATE SIGNED *3-9-57*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *3/10/57*

24C. NAME OF CEMETERY OR CREMATORY *Sacred Heart*

24D. LOCATION (City, town, or county) (State) *German Hill Rd. md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Washington Williams*

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION

correct age is especially important in determining cause of death

—

152
51 2271EURITH EVANS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2271
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EURITH EVANS		2. DATE OF DEATH March 9 - 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Carrollton. Md B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4704 PARK HEIGHTS AVE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Har C. CITY OR TOWN (If outside corporate limits, write RURAL and give townships) Baltimore - 15 Md. 27-16 D. STREET ADDRESS (If rural, give location) 4704 Park Heights Ave.	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 9 - 1904	
9. AGE (In years, last birthday) 46		10. Under 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Carrollton. Carroll Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Edward Evans		14. MOTHER'S MAIDEN NAME Emilia R. Hobbs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-07-8742	
17. INFORMANT Mrs. John O. Menchey		ADDRESS 4704 Park Heights Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 170X Metastatic Carcinomatosis vertebrae, lungs, liver + stomach. Carcinoma - Left Breast.		INTERVAL BETWEEN ONSET AND DEATH ?	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION May 1949		19B. MAJOR FINDINGS OF OPERATION Adeno carcinoma - Breast	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 16, 1950 , to March 9, 1951 , that I last saw the deceased alive on Mar 9, 1951 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. Charles E. Warner		23B. ADDRESS 421 Med Arts Bldg	
23C. DATE SIGNED 3/9/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MARCH 12, 1951	
24C. NAME OF CEMETERY OR CREMATORY CARROLLTON CHURCH OF GOD CEM		24D. LOCATION (City, town, or county) (State) CARROLLTON CARROLL MD	
25. FUNERAL DIRECTOR JOHN R. BYERS		ADDRESS WESTMINSTER, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1951		REGISTRAR'S SIGNATURE John R. Byers	

VS 150

39073

50

CERTIFICATE OF DEATH

MADE IN THE DEPARTMENT OF HEALTH

NAME

AGE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

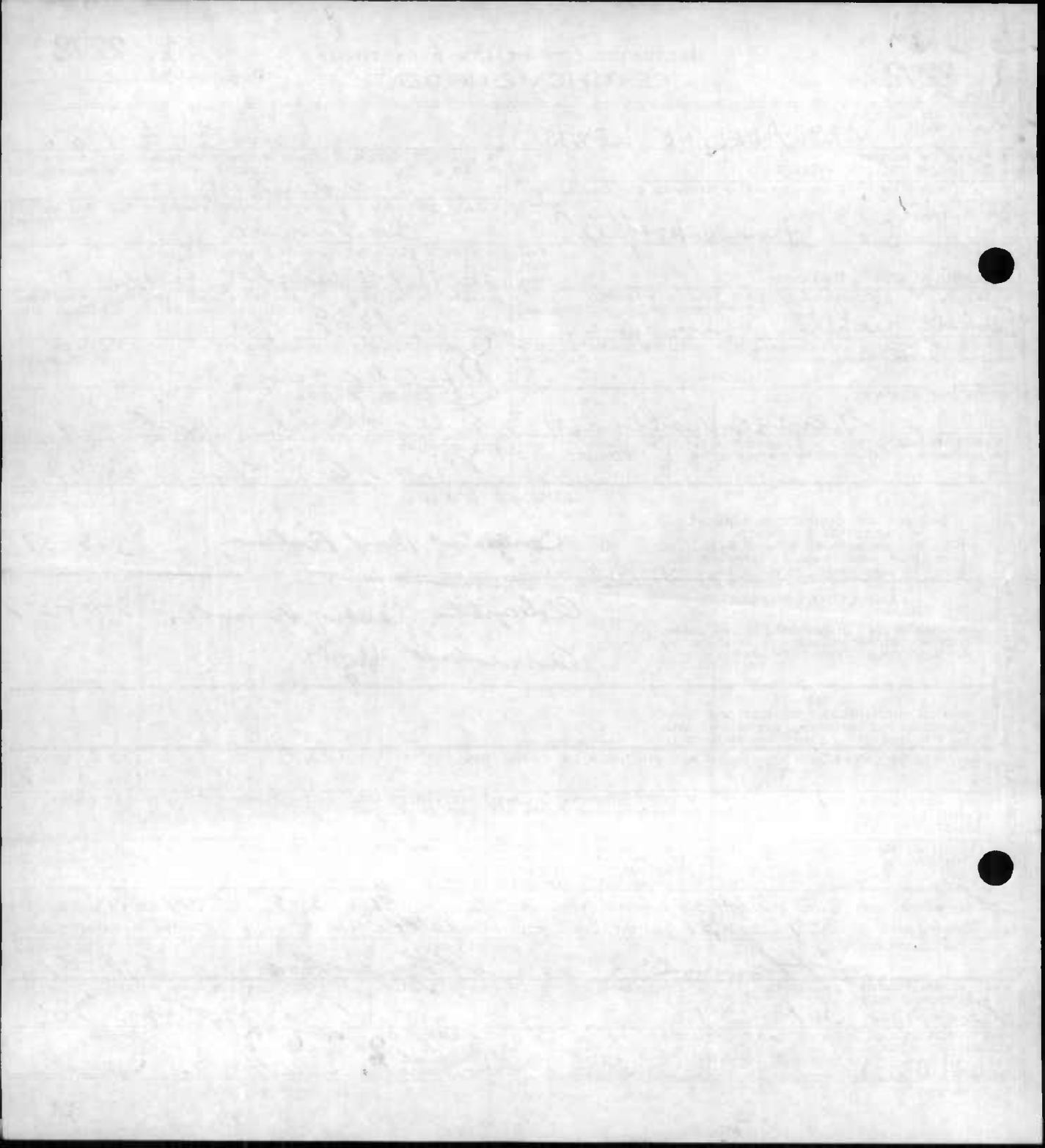
Signature

Signature

Signature

Signature

Signature



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 2273

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHRISTOPHER COLUMBUS PARSONS

2. DATE
OF
DEATH

MARCH 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Pennsylvania

V-35

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Oxford

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Oxford Heights

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15, 1888

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trucker

10B. KIND OF BUSINESS OR INDUSTRY

Trucking

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Parsons

14. MOTHER'S MAIDEN NAME

Frances Snow

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Minnie Parsons

ADDRESS

Oxford Heights, Oxford Pa.

18. **157X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA of the PANCREAS**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
March 9, 1951

19B. MAJOR FINDINGS OF OPERATION

Pancreatitis or CARCINOMA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 5, 1951**, to **March 9, 1951**, that I last saw the deceased alive on **March 9, 1951** and that death occurred at **1:25 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

H. P. Shoemaker

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

5/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/51

24C. NAME OF CEMETERY OR CREMATORY

Oxford

24D. LOCATION (City, town, or county) (State)

Oxford Penna.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 10 1951

REGISTRAR'S SIGNATURE

H. P. Shoemaker

25. FUNERAL DIRECTOR

W. J. Rogers

ADDRESS

MEDICAL CERTIFICATION

1973

UNITED STATES OF AMERICA

1973

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C. 20530

ROOM 5000

DEPT. OF JUSTICE

U.S.A.

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

NEW YORK

Handwritten notes and signatures at the bottom of the page, including "New York" and "U.S.A." repeated multiple times.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

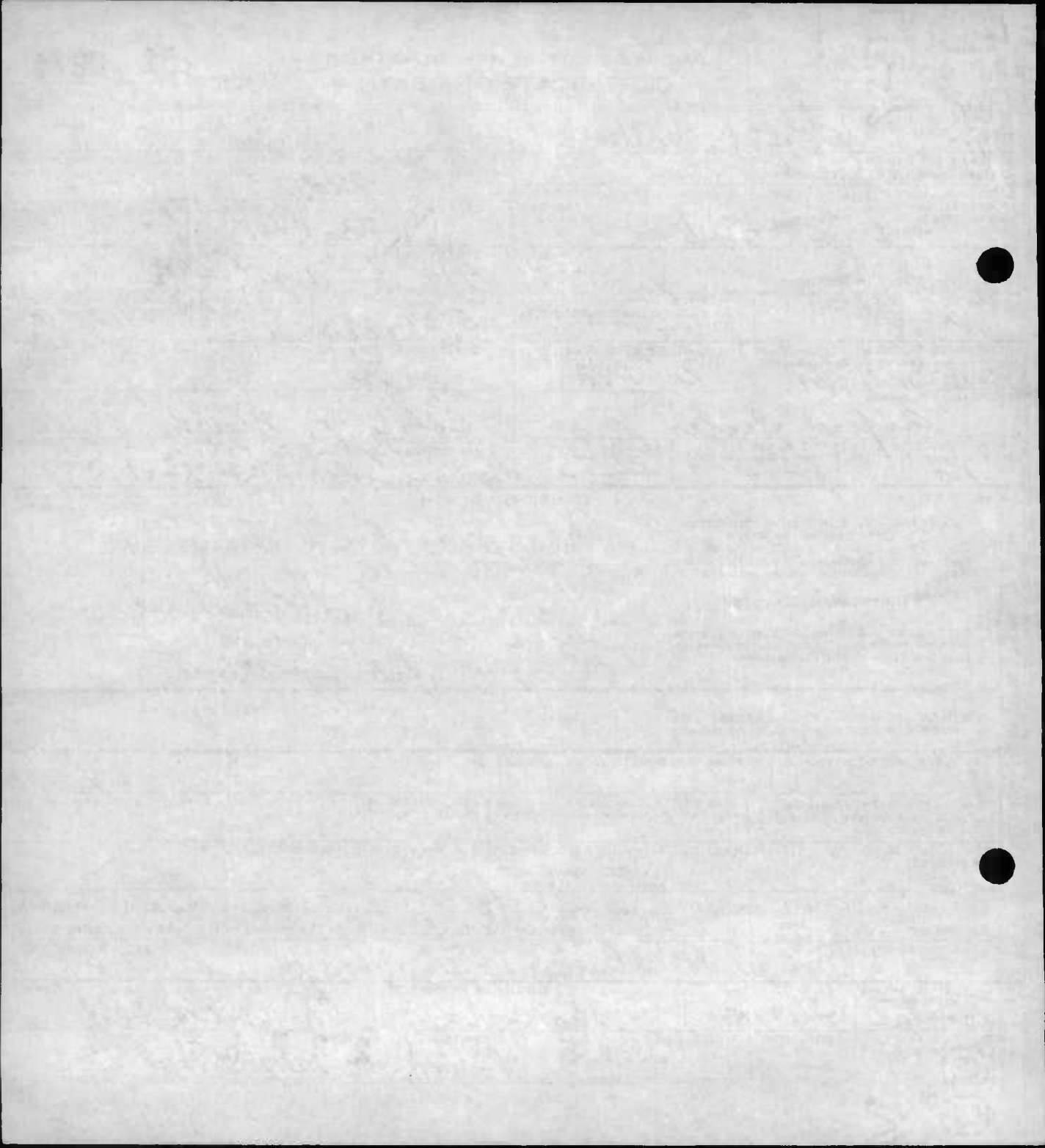
Registered No. **51 2274**

BIRTH NO. 51 2274		1. NAME OF DECEASED (Type or Print) SEILER, William A		2. DATE OF DEATH 3-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp		C. CITY OR TOWN (If outside corporate limits, write R.U.C.L. and give township) Balto. 9-08			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 912 E. North Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 5/28/1873	9. AGE (In years, last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Conductor		10B. KIND OF BUSINESS OR INDUSTRY Pa. R. R.		11. BIRTHPLACE (State or foreign country) Pa	
13. FATHER'S NAME Alfred Seiler		14. MOTHER'S MAIDEN NAME Ebby P. March			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Washington D.C. Address Martin A. Seiler 2829-28th St. S.E.	

CAUSE OF DEATH

<p>18. 561.0</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>(A) Incarcerated and strangled inguinal hernia, left DUE TO</p> <p>(B) Generalized arteriosclerotic cardiovascular disease DUE TO</p> <p>(C) Benign prostatic hypertrophy</p>
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19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-19 , 19 51 , to 3-9 , 19 51 , that I last saw the deceased alive on 3-9 , 19 51 , and that death occurred at 3P m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. E. Colman, M.D.		23B. ADDRESS Univ. Hosp		23C. DATE SIGNED 3-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		3/12/51		Parkwood	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S ADDRESS			
Parkville Md		Wm Cook Inc 3217 St. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1951		REGISTRAR'S SIGNATURE William A. Seiler			



400
2275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2275
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) CLARA HALL		2. DATE OF DEATH March 8, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 201 North Pine Street
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 22, 1918		9. AGE (In years last birthday) 32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Caruthersville, Missouri		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? McIntosh		14. MOTHER'S MAIDEN NAME ? Solos
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Henry F. Hall, 201 N. Pine Street		ADDRESS

MEDICAL CERTIFICATION

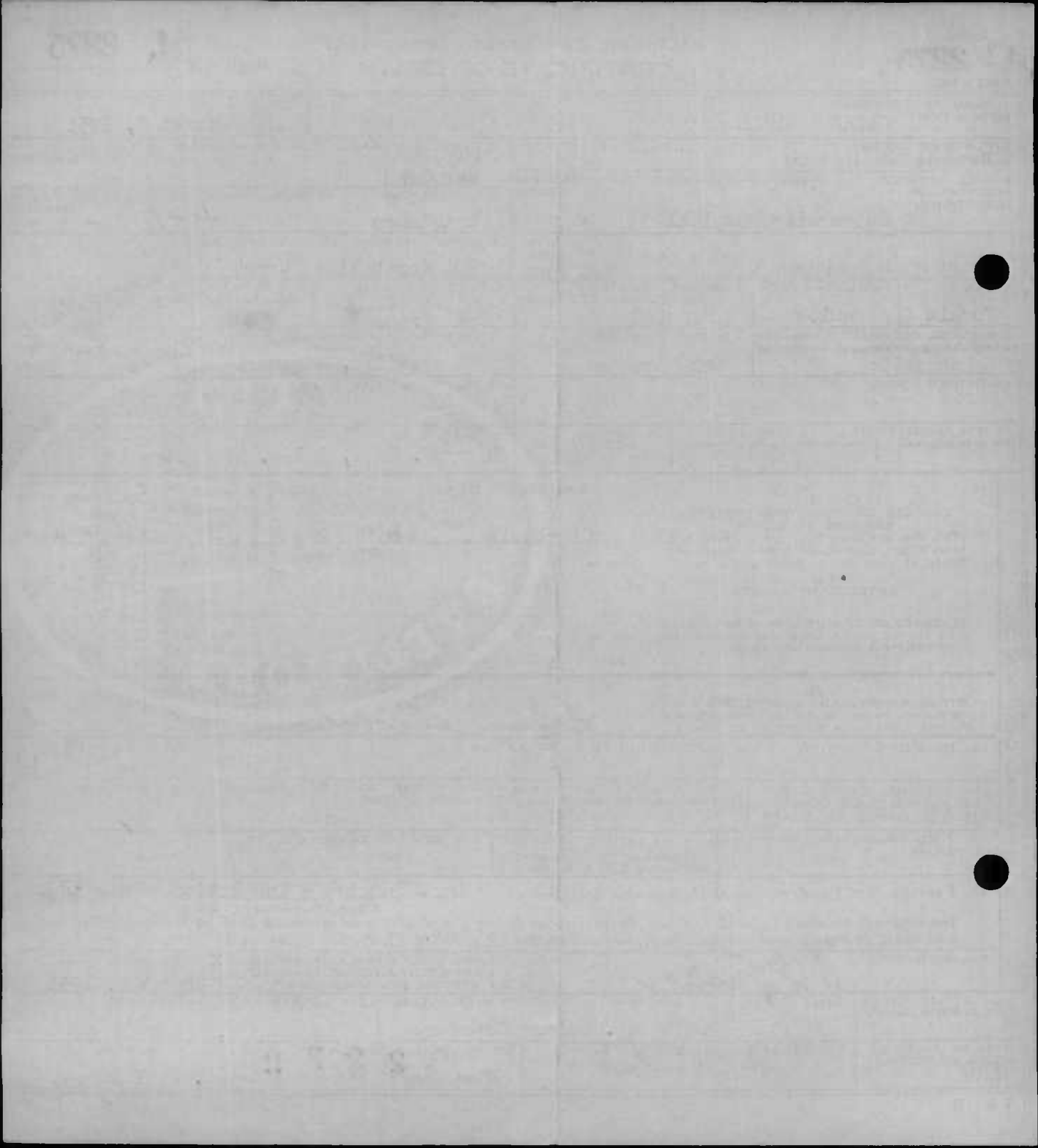
18. 581.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cirrhosis of liver DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic alcoholism	INTERVAL BETWEEN ONSET AND DEATH 2 years
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE J. H. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED March 9, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/12/51	24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1951	REGISTRAR'S SIGNATURE J. H. Fisher	25. FUNERAL DIRECTOR Wm. C. B. & Co.	ADDRESS 217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2276

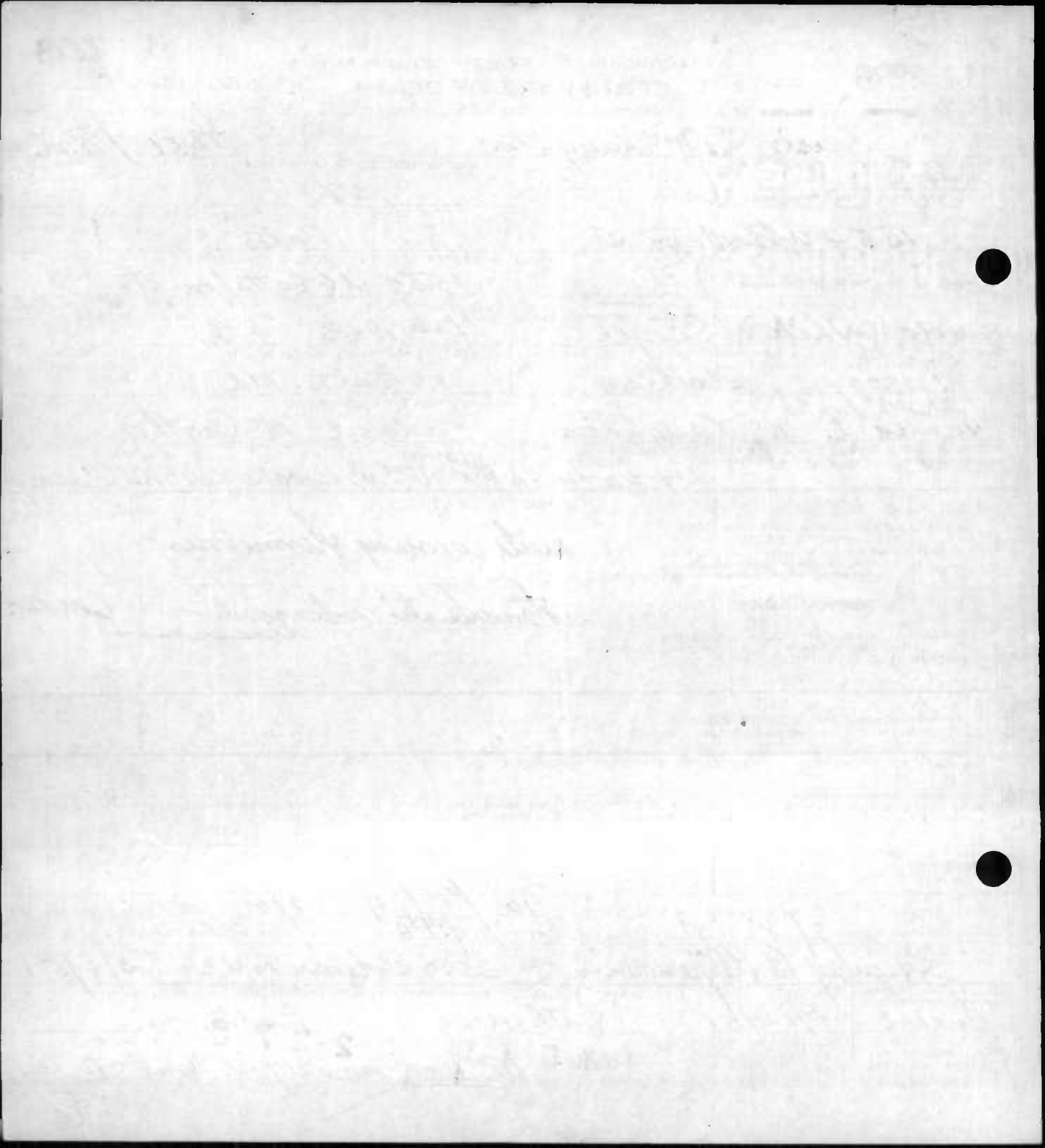
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>James L. McLaughlin</i>		2. DATE OF DEATH <i>3/8/51 7:45 a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1559 abbotston st</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 9-01</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1559 abbotston st.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4/26/1863</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Worked</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Clothing</i>	
13. FATHER'S NAME <i>James F. McLaughlin</i>		14. MOTHER'S MAIDEN NAME <i>Anne Mc Carthy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>219-03-4646</i>	
17. INFORMANT <i>Wm L Brooks</i>		ADDRESS <i>1620 N. Broadway</i>	

MEDICAL CERTIFICATION	18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>acute coronary thrombosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	(B) <i>arteriosclerotic cardiovascular disease</i> DUE TO	<i>6 mos.</i>
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____ DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/1/1951</i> to <i>3/8/1951</i> , that I last saw the deceased alive on <i>3/8/1951</i> and that death occurred at <i>7:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Stanley B. Klyanowicz</i> M.D.		23B. ADDRESS <i>3500 Erdman Ave.</i>		23C. DATE SIGNED <i>3/9/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/12/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Port Inc. 1217 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		ADDRESS	



243
51 2277BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2277

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA Z. BESOLD

2. DATE
OF
DEATH

March 9th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5600 Carter Avenue

C. Length of stay in Baltimore

30 Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5600 Carter Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 29, 1883

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Karl Ziemann

14. MOTHER'S MAIDEN NAME

Wilhelmina Klatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. John H. Carter, 5608 Carter Ave.

18.

174X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Carcinoma of uterus

INTERVAL BETWEEN
ONSET AND DEATH

approx 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive Cardiovascular Disease many years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1951, to 3-9, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

Mar. 12, 1951

Jerusalem Lutheran Cem. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

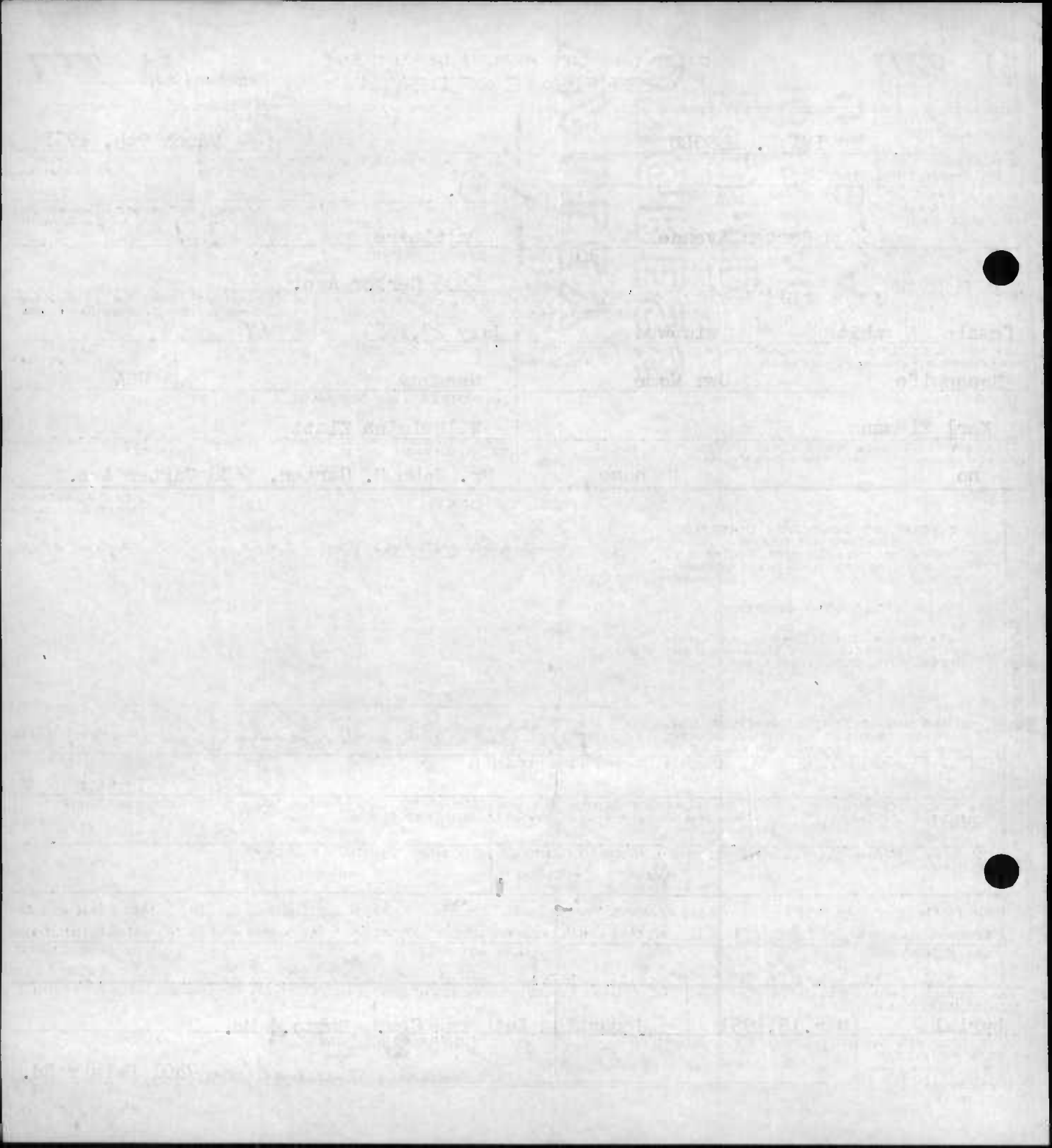
ADDRESS

MAR 10 1951

VS 150

Lassen Funeral Home 7401 Belair Rd.

48B



500

51 2278

BIRTH NO.

Kohn

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2278

Registered No.

1. NAME OF DECEASED
(Type or Print)

Walter Kohn

2. DATE OF DEATH

March 9, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD.

B. COUNTY

Baltimore

5. LENGTH OF STAY IN BALTIMORE

Life time

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

9. DATE OF BIRTH

6-18-84

10. AGE (In years last birthday)

66

11. BIRTHPLACE (State or foreign country)

Beth. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dr. Store. Etc

10B. KIND OF BUSINESS OR INDUSTRY

Dr. Store. Etc

13. FATHER'S NAME

Louis B. Kohn

14. MOTHER'S MAIDEN NAME

Leah Klingenstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-05-1390

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) Post-Op Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B) Carcinoma of Colon

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

3/5/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Colon to Metastases

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1951, to 3-9, 1951, that I last saw the deceased alive on 3-9, 1951, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles M. Kohn M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

March 12/51

24C. NAME OF CEMETERY OR CREMATORY

Trinity Pl.

24D. LOCATION (City, town, or county) (State)

Beth. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 10 1951

REGISTRAR'S SIGNATURE

Huntington Kohn

25. FUNERAL DIRECTOR

David Dordick

ADDRESS

1902 Eaton Pl

VS 150

2906C

46E

CERTIFICATE OF DEATH

1978

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. DATE OF DEATH</p>	
<p>7. TIME OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. CAUSE OF DEATH</p>		<p>10. MANNER OF DEATH</p>	
<p>11. SIGNATURE OF DECEASED</p>		<p>12. SIGNATURE OF WITNESS</p>	
<p>13. SIGNATURE OF PHYSICIAN</p>		<p>14. SIGNATURE OF CORONER</p>	
<p>15. SIGNATURE OF JUDGE</p>		<p>16. SIGNATURE OF CLERK</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2279

563
2279

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FANNIE O. KINHART		2. DATE OF DEATH 3-10-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY HARFORD.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WHITE HALL (JARRETSVILLE)	
D. STREET ADDRESS (If rural, give location) 6200			
5. SEX F	6. COLOR OR RACE W	7. SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH SEPT. 17, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (In years last birthday) 78	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME THOMAS TURNER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Catherine Bahr.	
16. SOCIAL SECURITY NO.		17. INFORMANT Walter T. Kenbock ADDRESS White Hall	

18. 157 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pancreas.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease		
DUE TO		
DUE TO		

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		
19A. DATE OF OPERATION 3-5-51	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Head of Pancreas	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 28, 1951**, to **Mar. 10, 1951**, that I last saw the deceased alive on **Mar. 10, 1951**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE H.A. Shoemaker	23B. ADDRESS Union Memorial Hosp	23C. DATE SIGNED 3-10-51
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 12-51	24C. NAME OF CEMETERY OR CREMATORY Bethel Methodist	24D. LOCATION (City, town, or county) (State) 2270
DATE RECEIVED BY LOCAL REGISTRAR MAR 1 0 1951	REGISTRAR'S SIGNATURE Wilmington, Delaware	25. FUNERAL DIRECTOR Marion G. Hurty	ADDRESS 469 2nd

CERTIFICATE OF DEATH

County of ... State of ...

My wife ...

born ...

... ..

1/2

525
51 2280BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2280
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Johnson

2. DATE
OF
DEATH

Mar. 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address of location)

1425 Jeffereson St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Hesley Blackburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

No

8. DATE OF BIRTH

Aug. 15, 1866

9. AGE (In years last birthday)

83

II Under 1 Year

Months: Days

II Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mrs. Ethel Dennis Jeffereson

ADDRESS 1425

St.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

myocardial infarction

1 yr

(C)

arterial sclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1949 to 3/8, 1951, that I last saw the deceased alive on 3/5, 1951, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Burrell

23B. ADDRESS

121 Ringgold St

23C. DATE SIGNED

3/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-12-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Anne Arundel Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FINGERPRINTS

[Signature]

26. SPECIAL ADVICE

1631 Smith Hill Ave.

THE UNIVERSITY OF CHICAGO
LIBRARY
1100 EAST 58TH STREET
CHICAGO, ILL. 60637
TEL. 733-4331
FAX 733-8328
WWW.CHICAGO.EDU

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CERTIFICATE CORRECTED

4-12-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2281

452
1 2281
ND- 146513
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wiley Williams

2. DATE
OF
DEATH

March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

104 N. Pine St. (1)

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9-7-1885

9. AGE (in years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wiley Williams

14. MOTHER'S MAIDEN NAME

Rosie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 443X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO Hypertensive Cardiovascular Disease

Unknown

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1951, to 3-7, 1951, that I last saw the deceased alive on 3-7, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Rogers M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 10, 1951

24C. NAME OF CEMETERY OR CREMATORY

mt. Zion

24D. LOCATION (City, town, or county) (State)

Landedown, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 10 1951

REGISTRAR'S SIGNATURE

W. B. Rogers

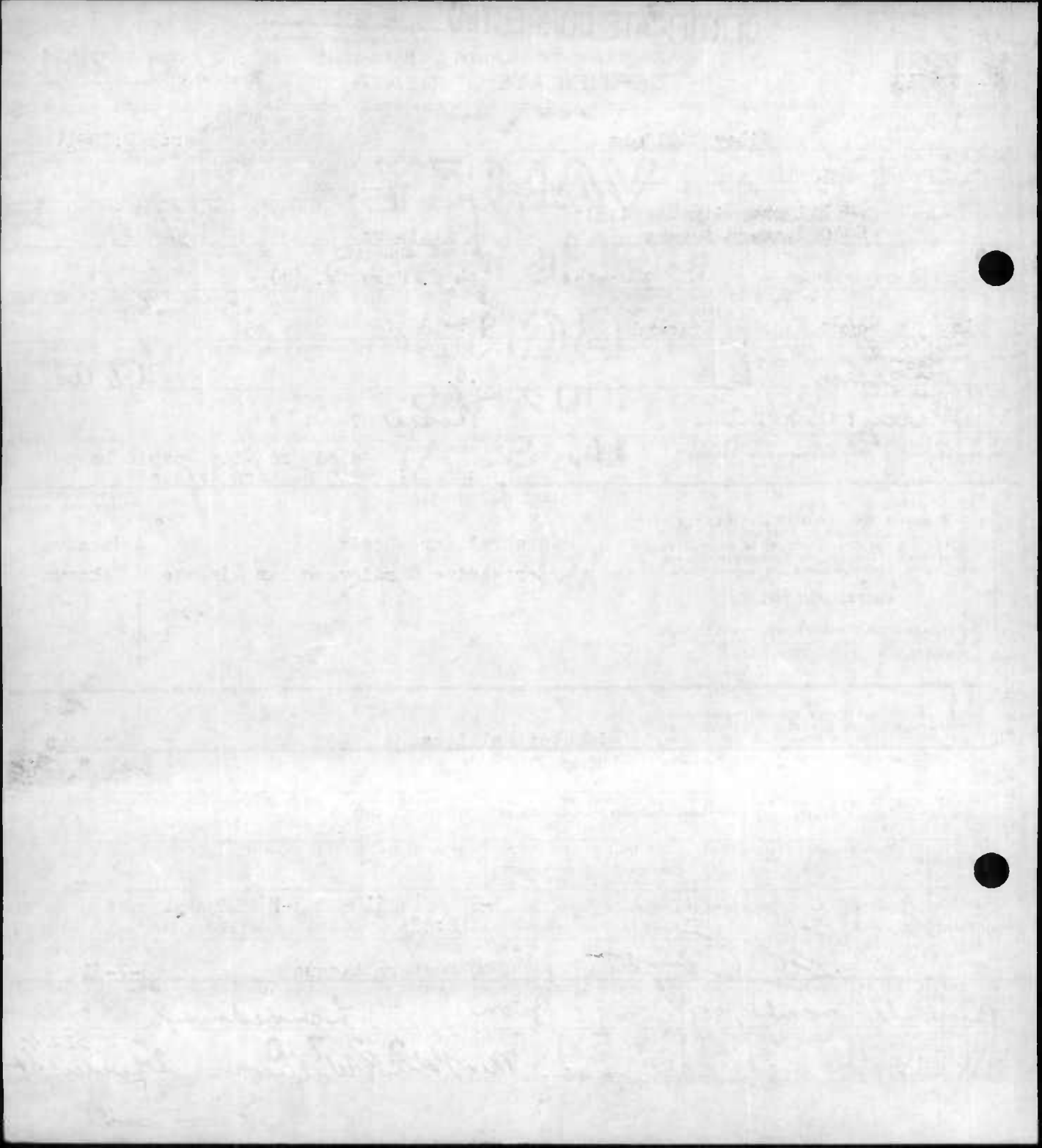
25. FUNERAL DIRECTOR

Mr. Kate R. Williams

ADDRESS

322 N. Schenck St.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2282

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary MINTON

2. DATE
OF
DEATH

3-8-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

835 W. Lexington St

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1910-11-15

9. AGE (In years
last birthday)

40

Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

D. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Atha Talley

14. MOTHER'S MAIDEN NAME

Ella Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 446x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

russia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

nephrosclerosis

DUE TO

(C)

Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1951, to 3-8, 1951, that I last saw the
deceased alive on 3-8, 1951, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Huffer M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3-8-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

march 11, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Brooklyn

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

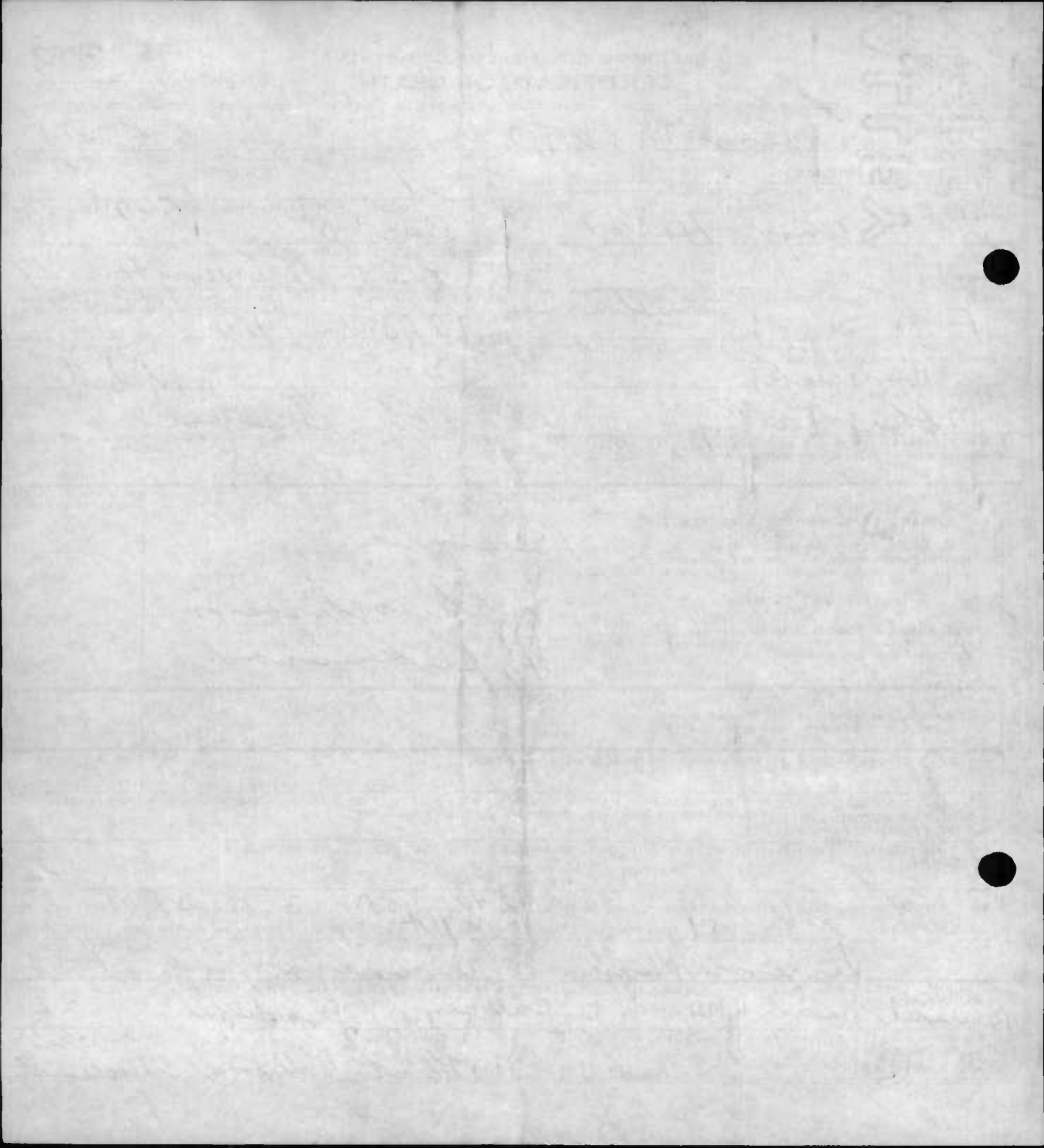
Hester Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Sweden St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2283

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY DAWSON

2. DATE
OF
DEATH

March 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1721 E Pratt Str.

Length of stay in Baltimore

8 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

2/12/

9. AGE (In years last birthday)

66 67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joe Talbert

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pinkerdt Funeral Home

Kilmarnock
Va.

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular
Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2-14-51

3-9-51

same

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☐ NO ☒

22. I hereby certify that I attended the deceased from 2-14 1951 to 3-9 1951 that I last saw the deceased alive on 3-9 1951 and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elmer D. Beatty

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3-9-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Claybrook Chaple

24D. LOCATION (City, town, or county)

Weems Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

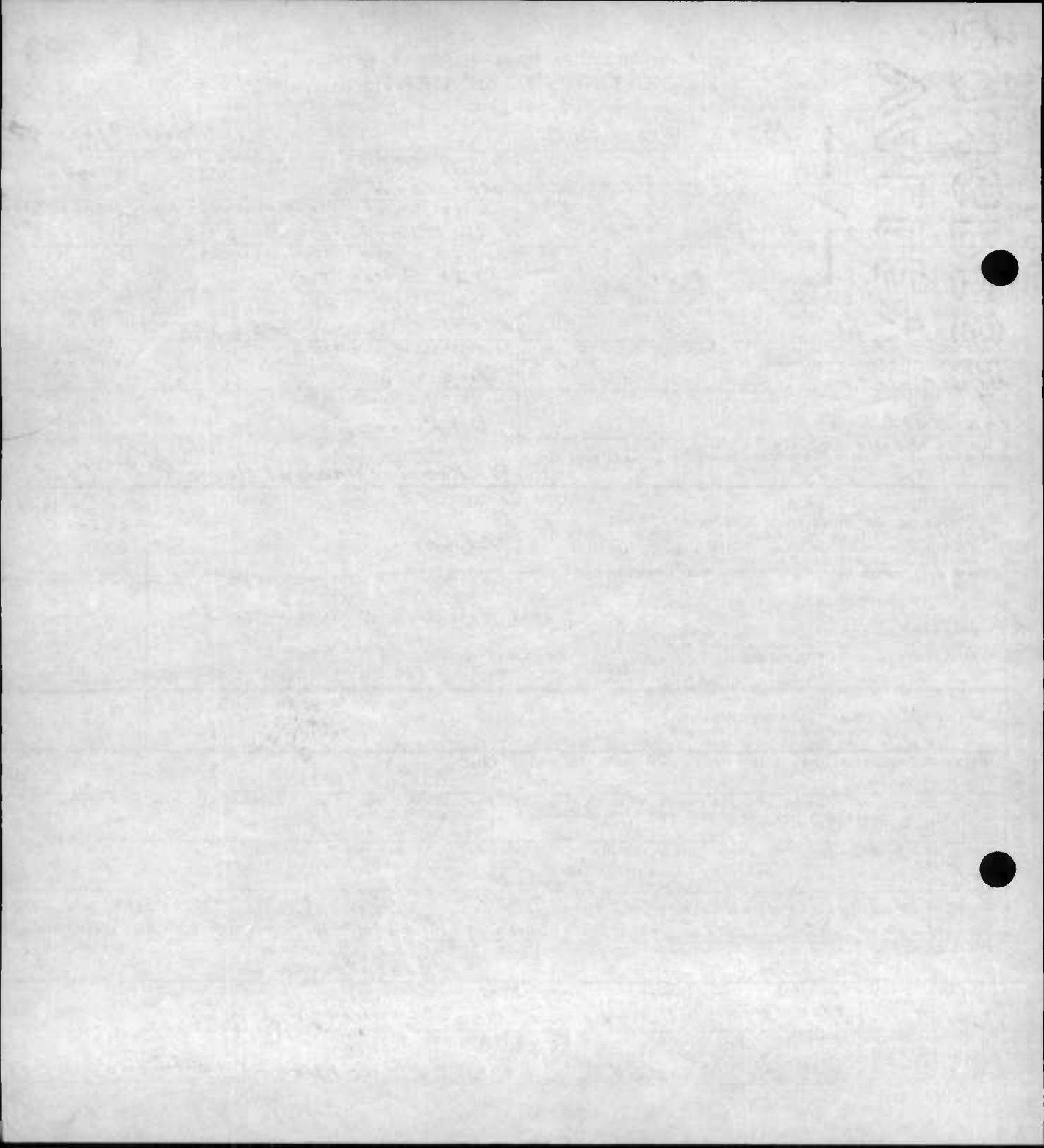
REGISTRAR'S SIGNATURE

John T. Stansbury

25. FUNERAL DIRECTOR

John T. Stansbury 2700 Edmondson Ave

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2284**

400
2284
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JEROME VINCENT KELLY			2. DATE OF DEATH March 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Dundalk, Md			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk Balto. Co.		
D. LENGTH OF STAY IN BALTIMORE 15 Mos. Days			E. STREET ADDRESS (If rural, give location) 8 W. Merritt Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 4 1886		
			9. AGE (In years last birthday) 64 65	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10B. KIND OF BUSINESS OR INDUSTRY Grocery		
11. BIRTHPLACE (State or foreign country) Ireland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Jerome Vincent			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 080-07-5435		
			17. INFORMANT Margaret J. Woolery ADDRESS 314 Reisterstown Rd		

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fracture of neck DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute alcoholism		

19A. DATE OF OPERATION March 8, 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) North Point Road near Edgemere		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 8, 1951 10.20p.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile		

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 9, 1951
---------------------------------------	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/12/51	24C. NAME OF CEMETERY OR CREMATORY Calvary Cemetery, Jamaica, N. Y.	24D. LOCATION (City, town, or county) (State) 4001 Retchin Hwy
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1951	REGISTRAR'S SIGNATURE James P. Lyons	25. FUNERAL DIRECTOR James P. Lyons	

V S 151
N-705.2
3906A
170C

MEDICAL CERTIFICATION

11

C. U.

10 and

10 and

10

165
51 2285BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2285

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADA F. O'Byrne

2. DATE
OF
DEATH

3/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1938 Light Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1938 Light Street

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

11/4/1872

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert McKenzie

14. MOTHER'S MAIDEN NAME

Ada F. Morrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 8/13, 1949, to 3/10, 1951, that I last saw the
deceased alive on 3/10, 1951, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie, Md.

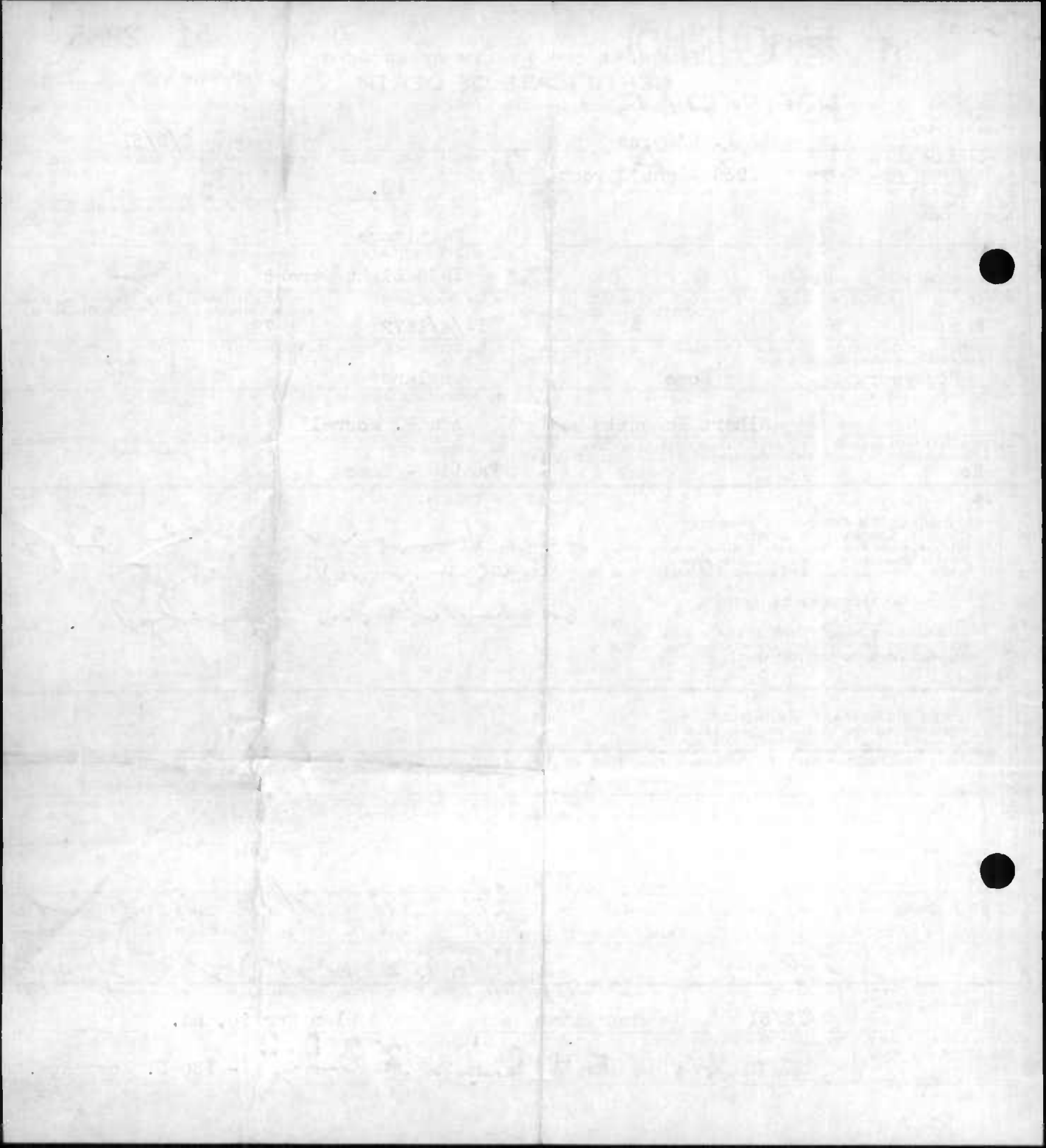
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

- 130 E. Fort Ave.



524

51 2286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2286

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Zepha Tingle

2. DATE
OF
DEATH

March 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

Wicomico

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Delmar

Rt

D. STREET ADDRESS (If rural, give location)

Rt. 30

7200

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

Dec. 5, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Zeno

14. MOTHER'S MAIDEN NAME

Sally Workman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
218-208324

17. INFORMANT

ADDRESS

Stillie Tingle - Rt. 30 - Delmar Del.

18. 7546

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intraventricular + subarachnoid
hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Congenital aneurysm, rt. anterior
cerebral arteryOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-8-51

19B. MAJOR FINDINGS OF OPERATION

Cong. aneurysm (with bleeding) ant. cerebral art. rt.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1951, to 3-9, 1951, that I last saw the
deceased alive on 3-9, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

James Browne

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-9-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-12-51

24C. NAME OF CEMETERY OR CREMATORY

Melrose Cem.

24D. LOCATION (City, town, or county)

Delmar Delaware

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

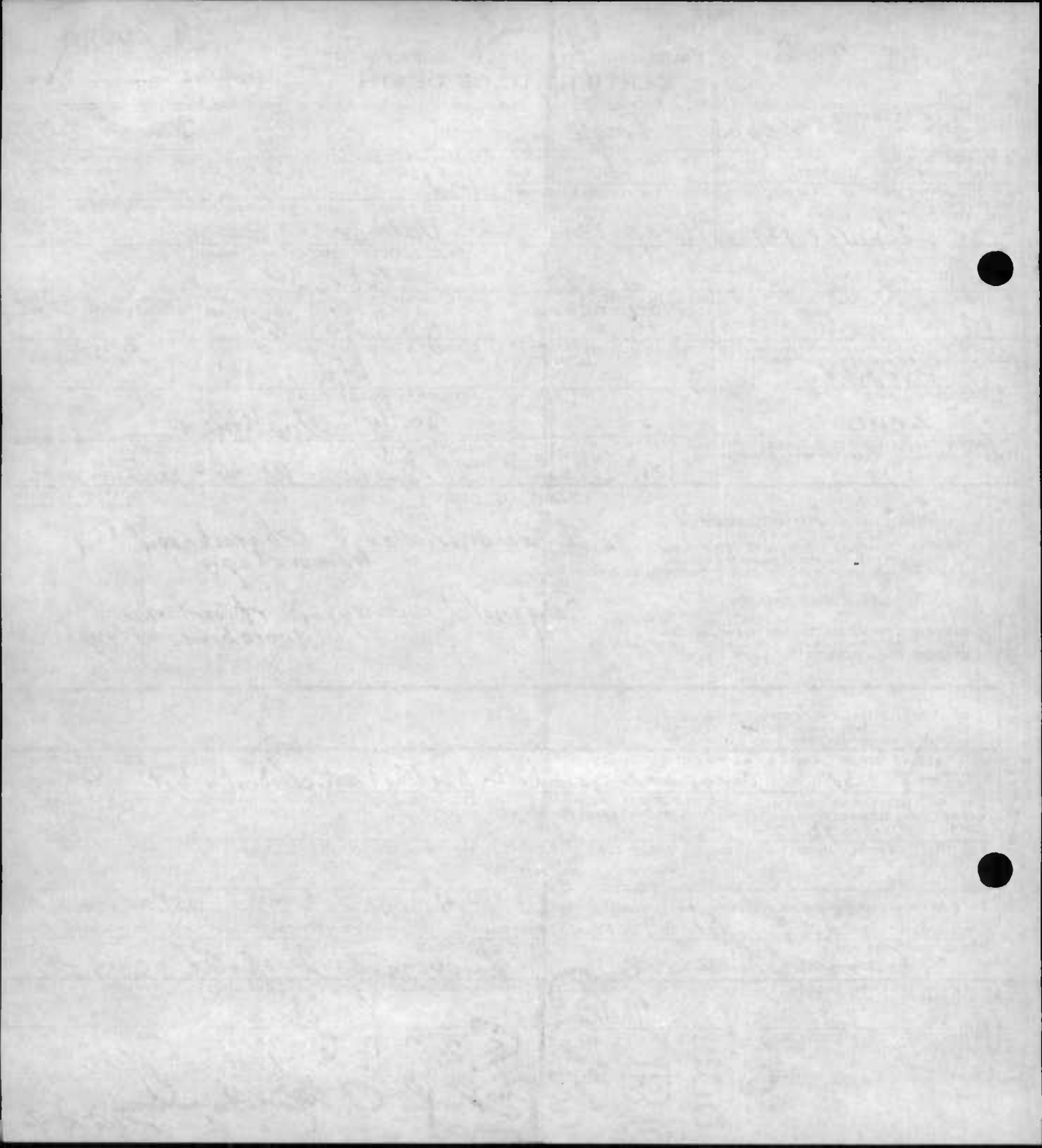
John C. Miller, Jr.

25. FUNERAL DIRECTOR

ADDRESS

W. J. Marvel Co. - Delmar Del.

John C. Miller, Jr. 96
10010



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO. 51-05926

1. NAME OF DECEASED (Type or Print) Baby Boy Gilroy		2. DATE OF DEATH 3/10/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY ---	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 6 27-05	
D. STREET ADDRESS (If rural, give location) 6125 Alta Avenue			
5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 3/9/51	
9. AGE (in years last birthday) 1 day		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) MD.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Paul S. Gilroy		14. MOTHER'S MAIDEN NAME Vallie J. Keller.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Same (Mother)		ADDRESS	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis DUE TO Immaturity	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 30 hrs.
19. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

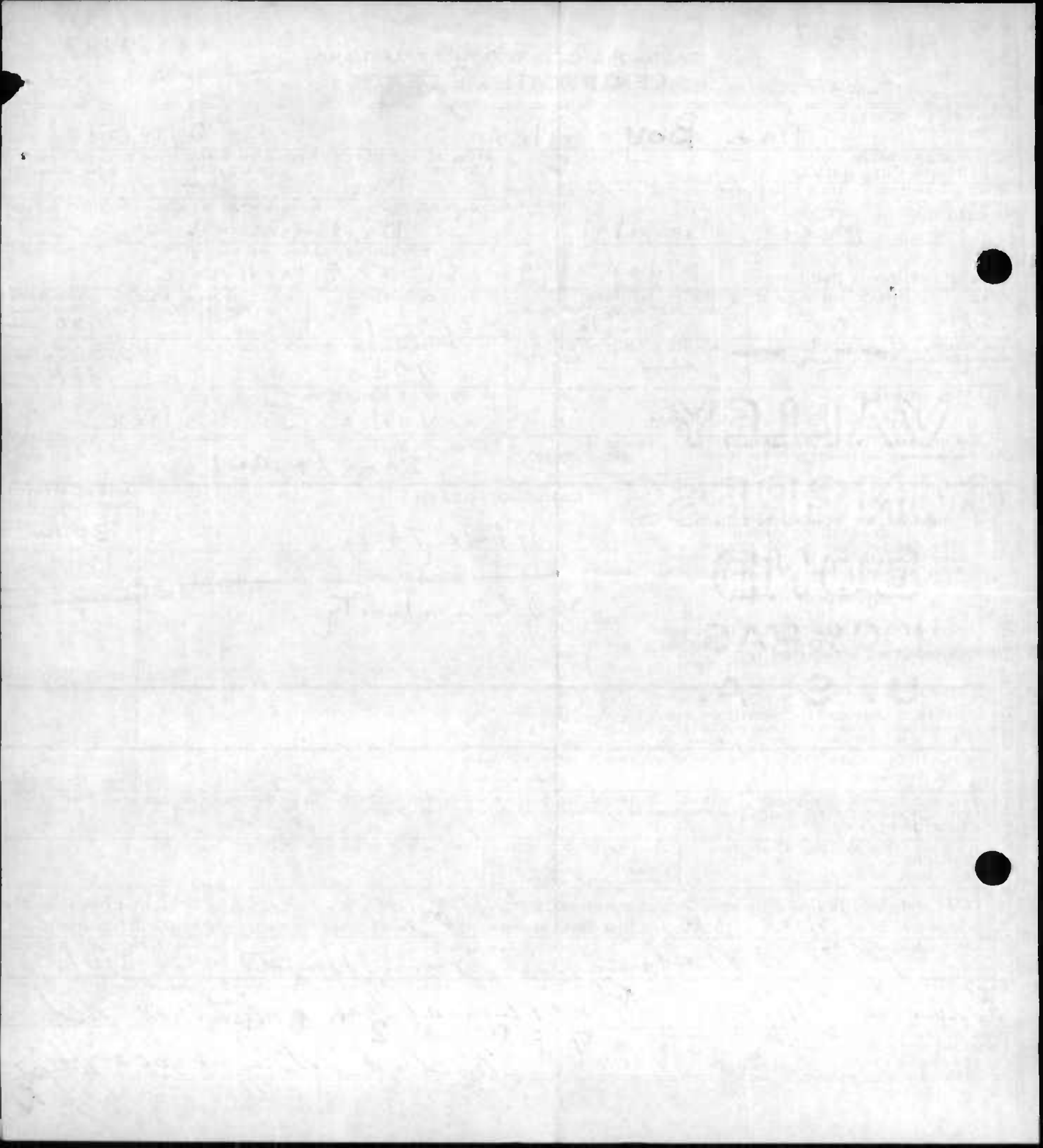
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/9, 1951**, to **3/10, 1951**, that I last saw the deceased alive on **3/10, 1951**, and that death occurred at **6:30 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Richard H. Young	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 3/10/51
---	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3/11/51	24C. NAME OF CEMETERY OR CREMATORY St. Mary's Funeral Home & Cemetery, Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1951	REGISTRAR'S SIGNATURE Huntington Williams, Md.	25. FUNERAL DIRECTOR Mildred J. Blythe	ADDRESS 6009 Harbor

MEDICAL CERTIFICATION



100
51 2288BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2288

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Webb, Mr. Emmitt

2. DATE
OF
DEATH

March 5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hosp.

C. Length of stay in Baltimore

21

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Webb, Mr. Emmitt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 22-01

D. STREET ADDRESS (If rural, give location)

509 S. Hanover St.

8. DATE OF BIRTH

Jan 15 1895

9. AGE (In years
last birthday)

56

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Frost, Edith

17. INFORMANT

Webb, Mr. Emmitt

ADDRESS
5246 Riverside Ave.

18.

141 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral arterial occlusion

2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of tongue

DUE TO

(C)

with metastases

6 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

9 March 51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of tongue - metastases

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 March, 1951, to 9 March, 1951, that I last saw the
deceased alive on 9 March, 1951, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Edmond J. Slaton M. D.

23B. ADDRESS

Church Home & Hosp. 9 March 51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Friendship Cem.

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

William H. Williams, M.D.

ADDRESS

Covings Md

MAR 11 1951

VS 150

45B

STATE OF TEXAS
COUNTY OF DALLAS

1900

1900

43-51 2289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2289

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRIETH GOLDSCHMITT

2. DATE
OF
DEATH

3-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2301 Whittier Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-04

D. STREET ADDRESS (If rural, give location)

2301 Whittier Ave

C. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

59

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman

14. MOTHER'S MAIDEN NAME

Sara

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Louis Goldschmitt - Home

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Cerebral thrombosis

1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Arterio-sclerosis with 10 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) ...
DUE TOHypertension
None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 1946, to March 1951, that I last saw the deceased alive on March 10, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sammeth R. Hoffman, M.D.

23B. ADDRESS

2212 South Blvd.

23C. DATE SIGNED

3/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/14/1951

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 11951

VS 150

Jack Lewis Inc - 2100 Eulan PL

83B

MEDICAL CERTIFICATION

221 ✓ South Road

260
51 2290BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2290

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis I SEAR

2. DATE
OF
DEATH

3-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2821 Ridgewood Ave Baltimore 1513

C. Length of stay in Baltimore

40 Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2821 Ridgewood Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years, last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Notions

11. BIRTHPLACE (State or foreign country)

Charleston S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

R. I Sear -

Same

18. 4221 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATHabout
3 1/2 yrs.
?OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1947 to 3/9/51, 19__, that I last saw the deceased alive on 3/8/51, 19__, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Hathaway Shpirtz

M. D.

23B. ADDRESS

1810 Eutaw Pl.

23C. DATE SIGNED

3/10/51.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-11-51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Jack Keweenaw 2100 Eutaw Pl

ADDRESS

Partly

052-
62351 2291

51 2291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <u>BERNSTEIN</u>		2. DATE OF DEATH <u>3-9-51</u>	
1. NAME OF DECEASED (Type or Print) <u>BERNSTEIN, SOPHIE</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Senai</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 13-03</u>	
D. STREET ADDRESS (If rural, give location) <u>2308 Eutaw Place</u>			
5. Length of stay in Baltimore <u>28</u> Yrs. _____ Mrs. _____ Days _____			
6. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH _____
9. AGE (In years last birthday) <u>44</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. FATHER'S NAME <u>Benjamin</u>		12. MOTHER'S MAIDEN NAME <u>Chia</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		14. SOCIAL SECURITY NO. _____	
15. INFORMANT <u>Samuel Bernstein</u>		ADDRESS <u>Same</u>	

MEDICAL CERTIFICATION

1B. <u>361X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>RESPIRATORY FAILURE</u>		DUE TO <u>CENTRAL ORIGIN</u>		<u>8 hrs 20 min</u>	
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO <u>Frontal leukotomy.</u>			
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>3-7-51</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>(Over)</u>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-5</u> , 19 <u>51</u> , to <u>3-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>51</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>D. Huin Gluckman M.D.</u>		23B. ADDRESS <u>Senai Hop.</u>		23C. DATE SIGNED <u>3-9-51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/11/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel Balto</u>		24D. LOCATION (City, town, or county) (State) <u>Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 11 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		F. FINANCIAL DIRECTOR <u>Jack Lewis</u>		ADDRESS <u>2208 Eutaw Pl</u>	

DO NOT COPY ON ANY TRANSCRIPTS - For statistical purposes only

"Operation for Intractable atypical facial pain." Trigeminal Neuralgia - possible involvement of 7th nerve as well, but essentially the 5th. No paralysis. Etc

... See Document File 51-2291

3/20/51 ES

200
51 2292BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2292
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Beck

2. DATE
OF
DEATH

3-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sunar

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

1215 Eutaw St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

Altamont Hotel

5. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

9. AGE (in years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Distributor

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Marie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs A. J. Kramer - Temple Garden apt

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Acute myocardial
infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiac-
vascular disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March 3, 1951 to March 9, 1951, that I last saw the
deceased alive on March 9, 1951, and that death occurred at 2:05 A. M., from the causes and on the date stated above.

23a. SIGNATURE

Seymour H Ruben

M. D.

23b. ADDRESS

Linn Hospital

23c. DATE SIGNED

March 9, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3-11-51

24c. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24d. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewish

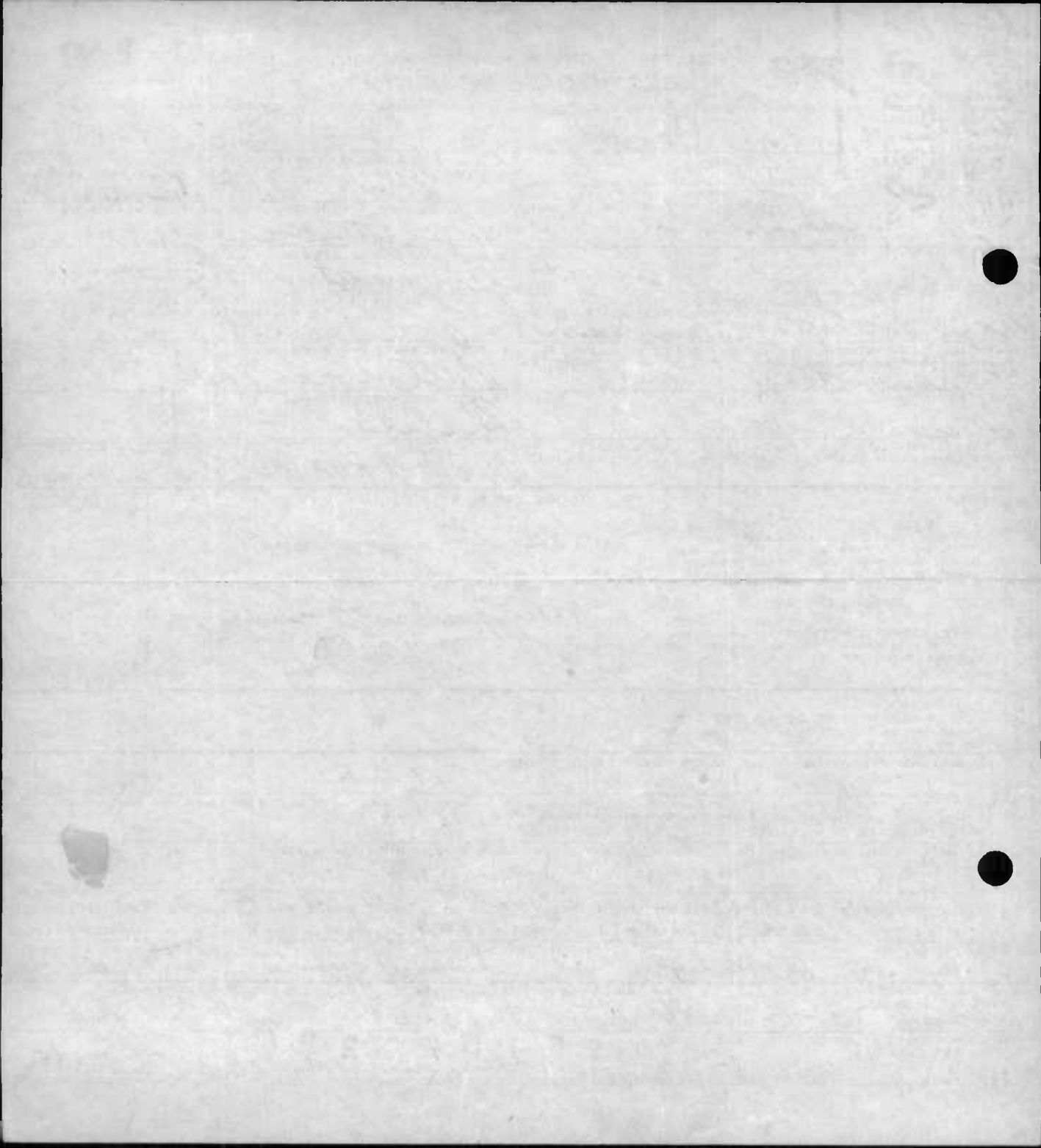
ADDRESS

2100 Eutaw Rd

MAR 1 1951

VS 150

937



51 2293

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 2293

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George Olejar*2. DATE
OF
DEATH*March 8, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

md.

B. COUNTY

*Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Burndalk**5300*

D. STREET ADDRESS (If rural, give location)

2927 Silbentz Parkway

Length of stay in Baltimore

*6 yrs.*Year
Month
Day

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*1-17-22*9. AGE (In years
last birthday)*69*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Chapman*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Yugoslavia*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

George Olejar

14. MOTHER'S MAIDEN NAME

*Clara*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No**No*16. SOCIAL
SECURITY NO.*None*17. INFORMANT *JOHNS HOPKINS HOSPITAL*18. *260X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Anterior Myocardial Infarct*

DUE TO

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Right Coronary Arterial Aneurysm*

DUE TO

(C) *Diabetic Acidosis mild*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *3-1*, 19*51*, to *3-8*, 19*51*, that I last saw the
deceased alive on *3-8*, 19*51*, and that death occurred at *8:10 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Leifer H. Friedman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*8 March*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/12/1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

*Baltimore, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington, DE

25. FUNERAL DIRECTOR

ADDRESS

Walter Brock Bradley, Burndalk, Md.

MAR 11 1951

0098W

61

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

—

1899

20

54

16

431

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as $t \rightarrow \infty$. It is shown that the solutions of the system (1) tend to zero as $t \rightarrow \infty$ if and only if the matrix A is Hurwitz.

1890

520

51 2294

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 2294

BIRTH NO. *54-85210*

1. NAME OF DECEASED

(Type or Print)

BABY Roy SHENK

2. DATE OF DEATH

3/7/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Howard

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St Agnes Hos.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkridge 27

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Box 257 Route 4

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

3/7/51

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

St Agnes, Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Amos Sherk

14. MOTHER'S MAIDEN NAME

Mabel Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Amos Sherk, Elkridge Md

ADDRESS

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *anoxia neonatorum*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *premature labor*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-7*, 19*51*, to *3-7*, 19*51*, that I last saw the deceased alive on *6:55 AM, 3-7-51*, and that death occurred at *—* m., from the causes and on the date stated above.

23A. SIGNATURE

John D. Fisher

23B. ADDRESS

St. Agnes

23C. DATE SIGNED

3-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county) (State)

Elkridge City Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 11 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

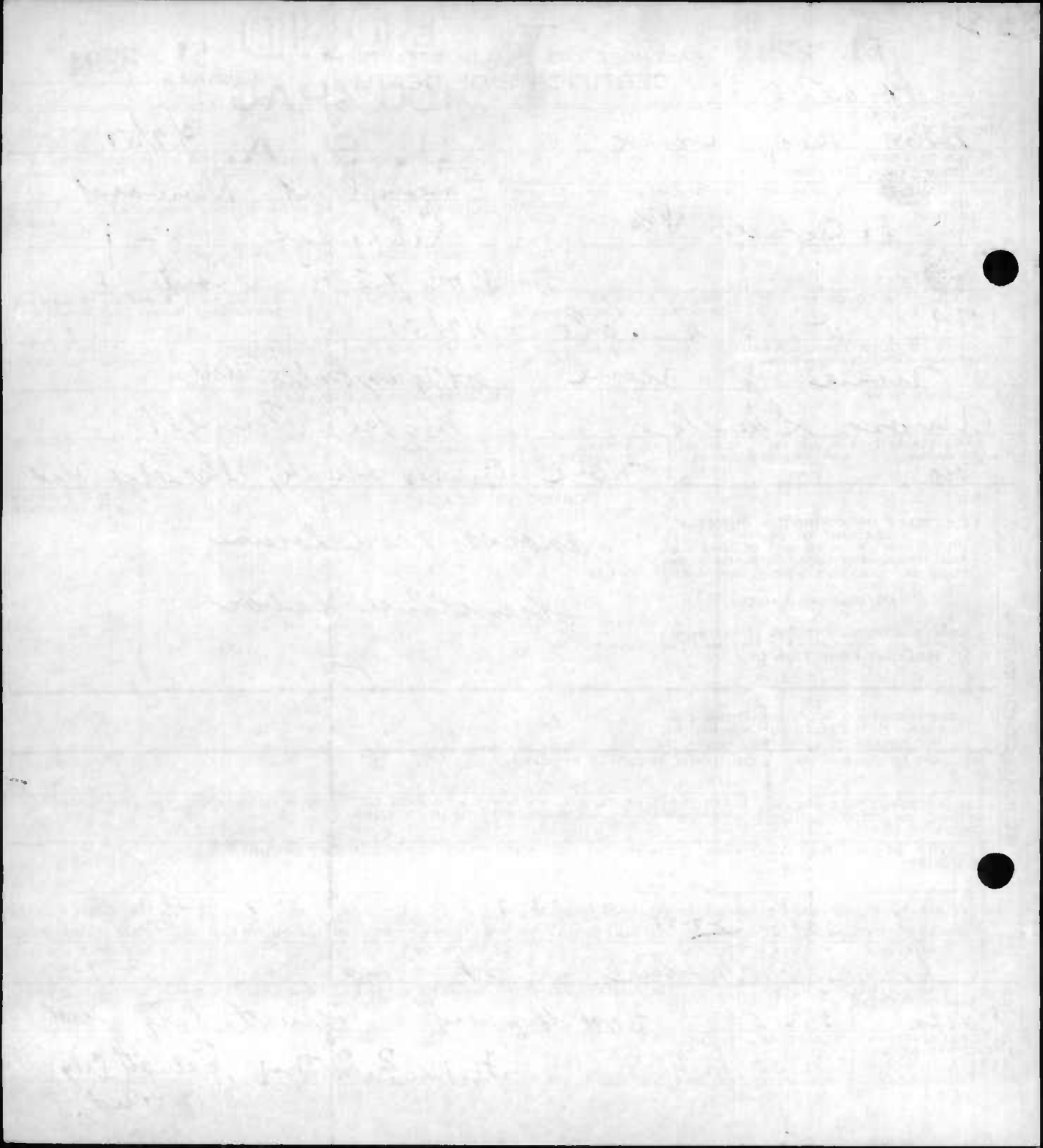
25. FUNERAL DIRECTOR

J. C. Nigam, Baltimore, Md

ADDRESS

*Elkridge City**159 2nd.*

MEDICAL CERTIFICATION



51 2295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2295
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Stierstorfer

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland JONES HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore S-06

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1823 E. Federal St.

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-18-09

9. AGE (In years last birthday)

41

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Vincent Carbone Perseus

14. MOTHER'S MAIDEN NAME

Margaret Postorio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

217-24-4472

JONES HOPKINS HOSPITAL ADDRESS

18. 296 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Thrombocytopenic purpura

DUE TO

About 8 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-23, 1951, to 3-8, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. A. Brownless

M. D.

JONES HOPKINS HOSPITAL

March 9, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-12-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 1951

Huntington Williams, M.D.

George J. Pith Inc - 1735 E. Federal Ave.

CERTIFICATE OF DEATH

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. Some words like "Name", "Age", "Sex", "Cause of Death" are faintly visible.]

[Faint text at the bottom of the page, possibly a signature or date.]

453 51 2296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2296

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY C. VALENTINE

2. DATE
OF
DEATH

3-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City 23-02

D. STREET ADDRESS (If rural, give location)

1517 S. Charles St.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 17, 1880

9. AGE (In years
last birthday)

70

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Stallmann

14. MOTHER'S MAIDEN NAME

Anna Henneman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Russell 1517 S. Charles St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

2 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cachexia

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Senile Psychosis
Generalized arteriosclerosis
a.c.v.d.

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 19 to 3-9, 1951, that I last saw the
deceased alive on 3-9, 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Stanley R. Steinbach

M. D.

Lutheran Hosp 14th

3-9-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/12/1951

Loudon Park

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1951

William H. Williams, Jr.

Flynn & Fleming 1426 Light St.

435

51 2297

BALTIMORE CITY HEALTH DEPARTMENT

51 2297

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES A. BALDWIN

2. DATE
OF
DEATH

3-9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-02

D. STREET ADDRESS (If rural, give location)

2319 W. Lexington St

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-26-1891

9. AGE (In years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY

B+O. R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY

USA

13. FATHER'S NAME

John. A. Baldwin

14. MOTHER'S MAIDEN NAME

Lizzie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carrie E. Baldwin - Shuman

18. Hx. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIO SCLEROTIC CARDIO

DUE TO VASCULAR DISEASE
PULMONARY EMPHYSEMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARDIAC + BRONCHIAL ASTHMA

DUE TO PULMONARY EDEMA

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/8, 1951, to 9/9, 1951, that I last saw the deceased alive on 5/8, 1951, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

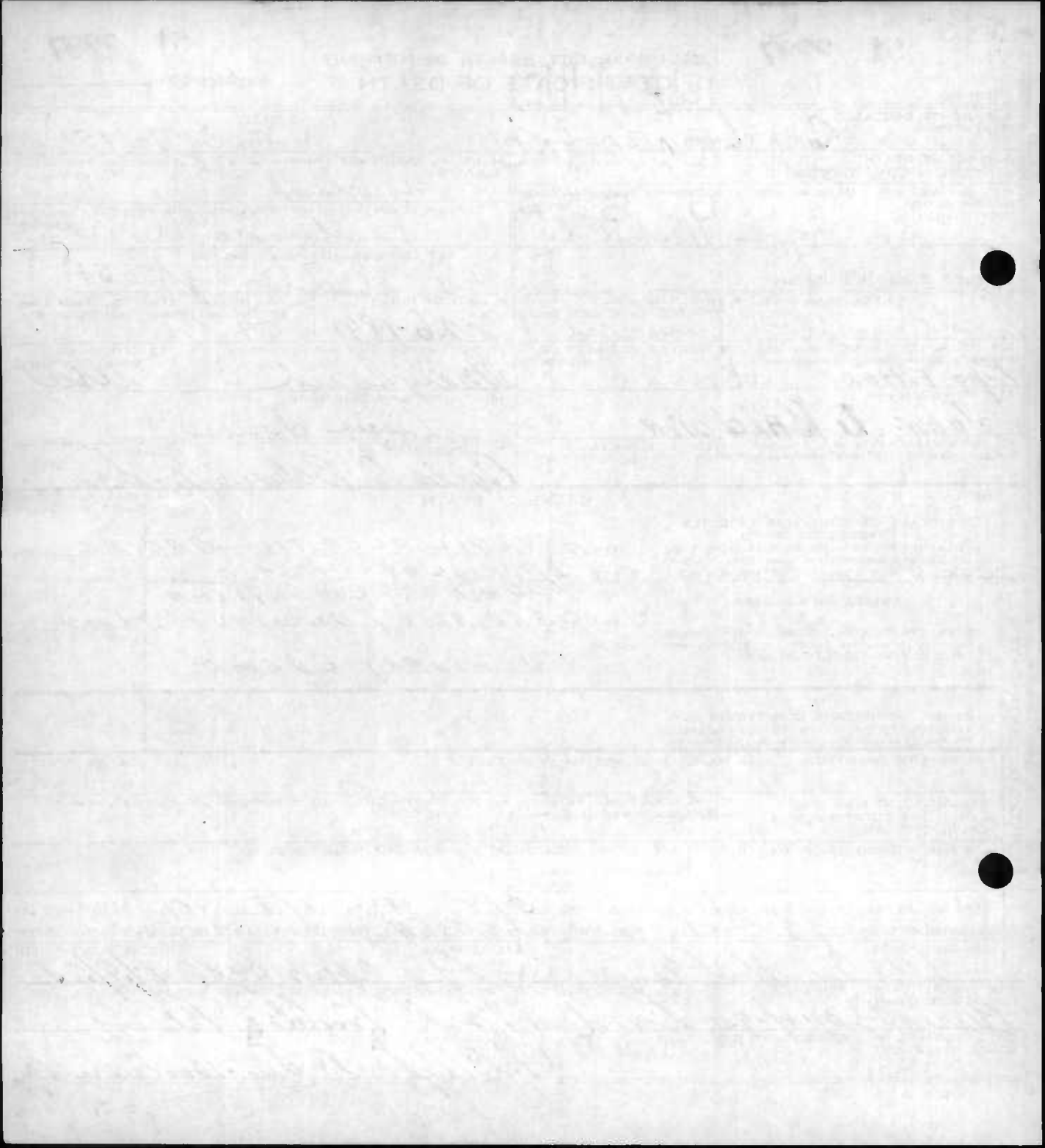
F. FUNERAL DIRECTOR

ADDRESS

MAR 11 1951

Baltimore, Md.

F. Blissett & Son - 1200 E. Pratt St



51 2298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2298

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISA SAND

2. DATE
OF
DEATH

3-7-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male white

married

8. DATE OF BIRTH

June 28-1885

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MEAT-PACKER-REF. OWNER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ANDREA SAND

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ANNA E. SAND

ADDRESS

Same

18.

151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CAUTION LAST.(B) Adeno-Carcinoma of
Stomach & Metastasis

4 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-16-51

19B. MAJOR FINDINGS OF OPERATION

Inoperable Adeno-Co of Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 2-18, 1951, to 3-7, 1951, that I last saw the
deceased alive on 3-7, 1951, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Padnos

M. O.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

3-7-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

25. FUNERAL DIRECTOR

ADDRESS

F. B. Shipp & Son, 1300 Eastern Rd.

69040

46B 17

MAR 1 1951

VS 150

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA

RECEIVED

U.S. DEPT. OF JUSTICE

51 2299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2299
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL A. UPPERCO

2. DATE
OF
DEATH MARCH 9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

16 N. PULASKI STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-02

D. STREET ADDRESS (If rural, give location)

16 N. PULASKI STREET

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 5 - 1882

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

ENGLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

THOMAS SAMPSON

14. MOTHER'S MAIDEN NAME

MARY J. JENNINGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

** * * * * *

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

GUY L. UPPERCO Sr. 16 N. Pulaski St.

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

2 hrs

DUE TO

(B)

Heart Block and
Hypertension
Chronic Nephritis

4 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1951 to Mar 9, 1951, that I last saw the
deceased alive on Mar 13, 1951 and that death occurred at 7:30 P., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 13-51

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE

MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

MAR 1 1951

VS 150

1300 EUTAW PLACE..17

131a

MEDICAL CERTIFICATION

LONG BEACH

1918

WILLIAM

1918

1918

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

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WILLIAM

37
51 2300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2300

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lawrence Hertel</i>		2. DATE OF DEATH <i>March 11, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Pa</i> B. COUNTY <i>V-35</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hollidaysburg</i>	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) <i>204 Blair St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>5-25-04</i>
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Coal & Lumber Business</i>		11. BIRTHPLACE (State or foreign country) <i>Pa</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Fredrick C. Hertel</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Byer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>581.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Laennec's Carditis</i> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>9 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO (C)	

19A. DATE OF OPERATION <i>3/11/51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2/28 03 1951</i> to <i>3/11</i> , 1951, that I last saw the deceased alive on <i>3/11</i> , 1951, and that death occurred at <i>3</i> P. M., from the causes and on the date stated above.		
23A. SIGNATURE <i>Edouardine</i>	23B. ADDRESS <i>Hopkins Hosp.</i>	23C. DATE SIGNED <i>3/11/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>3/11/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Hollidaysburg, Pa.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 21 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>Wm. J. Tickner & Sons</i>	

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51 2301

51 2301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Proctor

2. DATE
OF
DEATH

Mar. 9-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2101 Col. Smith

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Bar-Wil-Ba-Conv. Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

14-03

Length of stay in Baltimore

12 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

2314 Division St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Sept. 13-1887

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Harrisburg Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Burke

14. MOTHER'S MAIDEN NAME

Jane Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Brutton - 2314 Division St.

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

DUE TO

(C) Decubitus

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

2 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 17, 1950, to Mar 9, 1951, that I last saw the deceased alive on Mar 9, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald Bando

M. D.

23B. ADDRESS

2445 Druid Hill Ave

23C. DATE SIGNED

3-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-12-51

24C. NAME OF CEMETERY OR CREMATORY

Western Star Cem

24D. LOCATION (City, town, or county)

Catonville Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

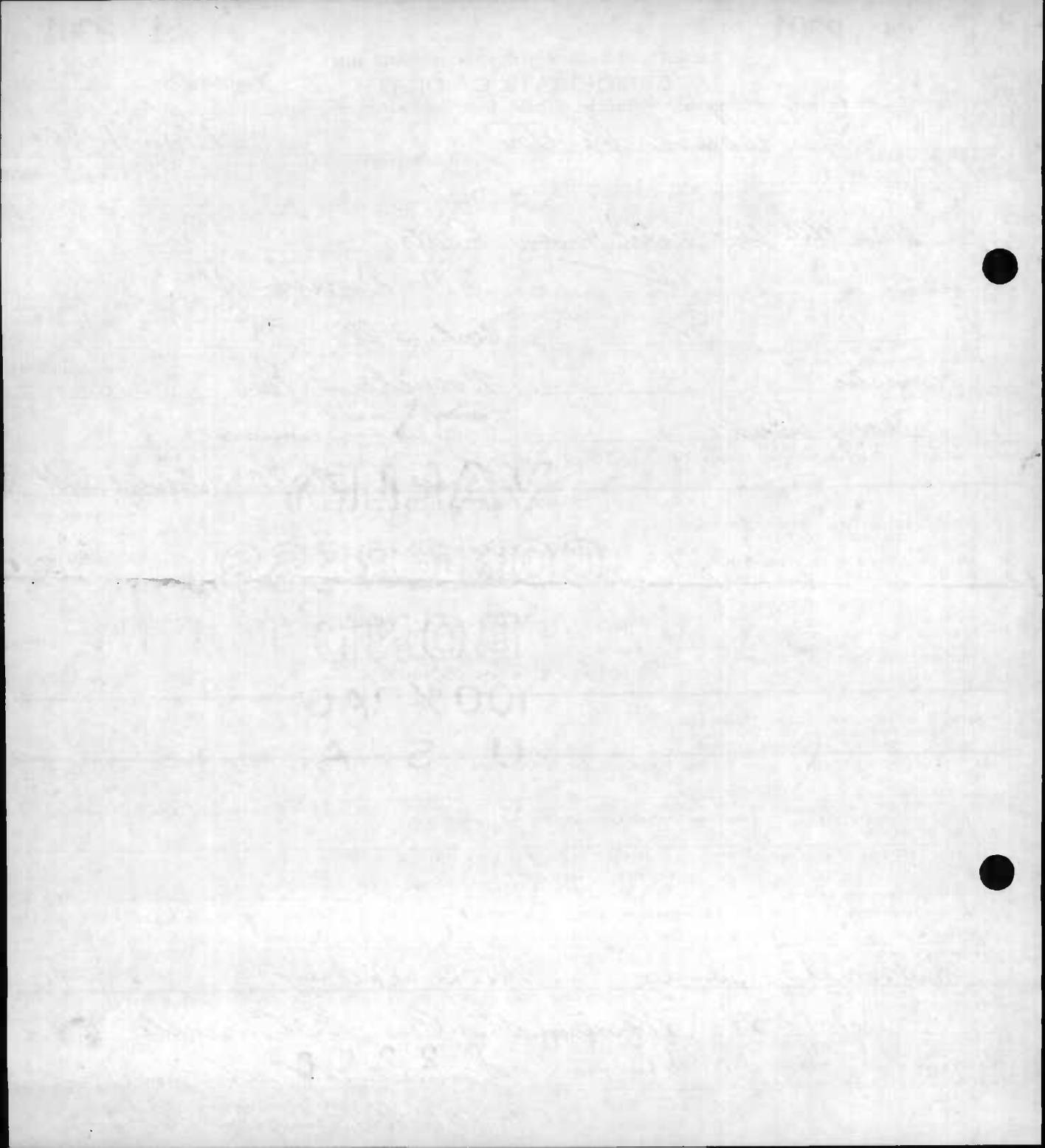
ADDRESS

MAR 1 21951

VS 150

7208A 1011 N. Arlington Ave #3a

MEDICAL CERTIFICATION



242

51

2302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2302

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Dziwulski John Dziwulski

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Langshoreman

13. FATHER'S NAME

Peter Dziwulski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

215-210-2989

8. DATE OF BIRTH

2/10/84

9. AGE (In years last birthday)

67

If Under 1 Year Months Days

1

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

?

14. MOTHER'S MAIDEN NAME

Rozalia Rozalia Rudnikow

17. INFORMANT (Name and address)

Wife 2108 Gough St.

CAUSE OF DEATH

18.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral-vascular Accident?

DUE TO Respiratory insufficiency?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Post-operative pneumonia

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.① Diabetes mellitus
② Hypertensive C.V. Disease.

19A. DATE OF OPERATION

3/5/51

19B. MAJOR FINDINGS OF OPERATION

Tumor of Right Lung (Probably malignant)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4 1951 to 3/8 1951, that I last saw the deceased alive on 3/8 1951 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank G. Laramie M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

3/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore County

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John M. Weber S. Chester St.

ADDRESS 401

Was there any indication
in deceased's clinical
record as to whether
the tumor was malignant? (probably).

See Document File 51 2302 for pathology
3/20/51 ES.

12-2-50 9:12

1 8 89/11

1 10 10/1

10/1

10-2-50 9:12

10/1

12-2-50 9:12

1 8 89/11

1 10 10/1

10/1

10/1

10/1

10/1

10/1

10/1

12

8

10

11

12

12

8

12-2-50 9:12

1 8 89/11

1 10 10/1

610 51 2303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

OLIVER H. GRAF

2. DATE
OF
DEATH

3-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ManchesterD. STREET ADDRESS (If rural, give location)
5600

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 5, 1896

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Farm.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm Graf

14. MOTHER'S MAIDEN NAME

Mary L. Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert W. Graf, Manchester, Md.

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumococcal meningitis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pneumococcal lobar pneumonia

DUE TO

12 days

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/6/51

19B. MAJOR FINDINGS OF OPERATION

Subdural empyema

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1951, to Mar 9, 1951, that I last saw the
deceased alive on Mar 9, 1951, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Parker MD

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

March 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

Manchester

24D. LOCATION (City, town, or county)

Manchester, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Jacob W. White's Sons, Manchester, Md.

MAR 1 21951

VS 150

10010

108

MEDICAL CERTIFICATION

1941

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

TO THE SECRETARY OF AGRICULTURE

FROM THE SECRETARY OF AGRICULTURE

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

51 2304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2304

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BLANCHE A PHILLIPS

2. DATE
OF
DEATH

3/9/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2606 Kenoak Rd.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/24/74

9. AGE (in years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Phillips 2606 Kenoak Rd.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Cerebral Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

Senile Arteriosclerosis

10 years

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 7, 1951, to March 9, 1951, that I last saw the
deceased alive on March 9, 1951, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Janette R. Hepburn, M.D.

23B. ADDRESS

2212 South Road

23C. DATE SIGNED

3/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Foster's Cemetery

24D. LOCATION (City, town, or county)

Kensington Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

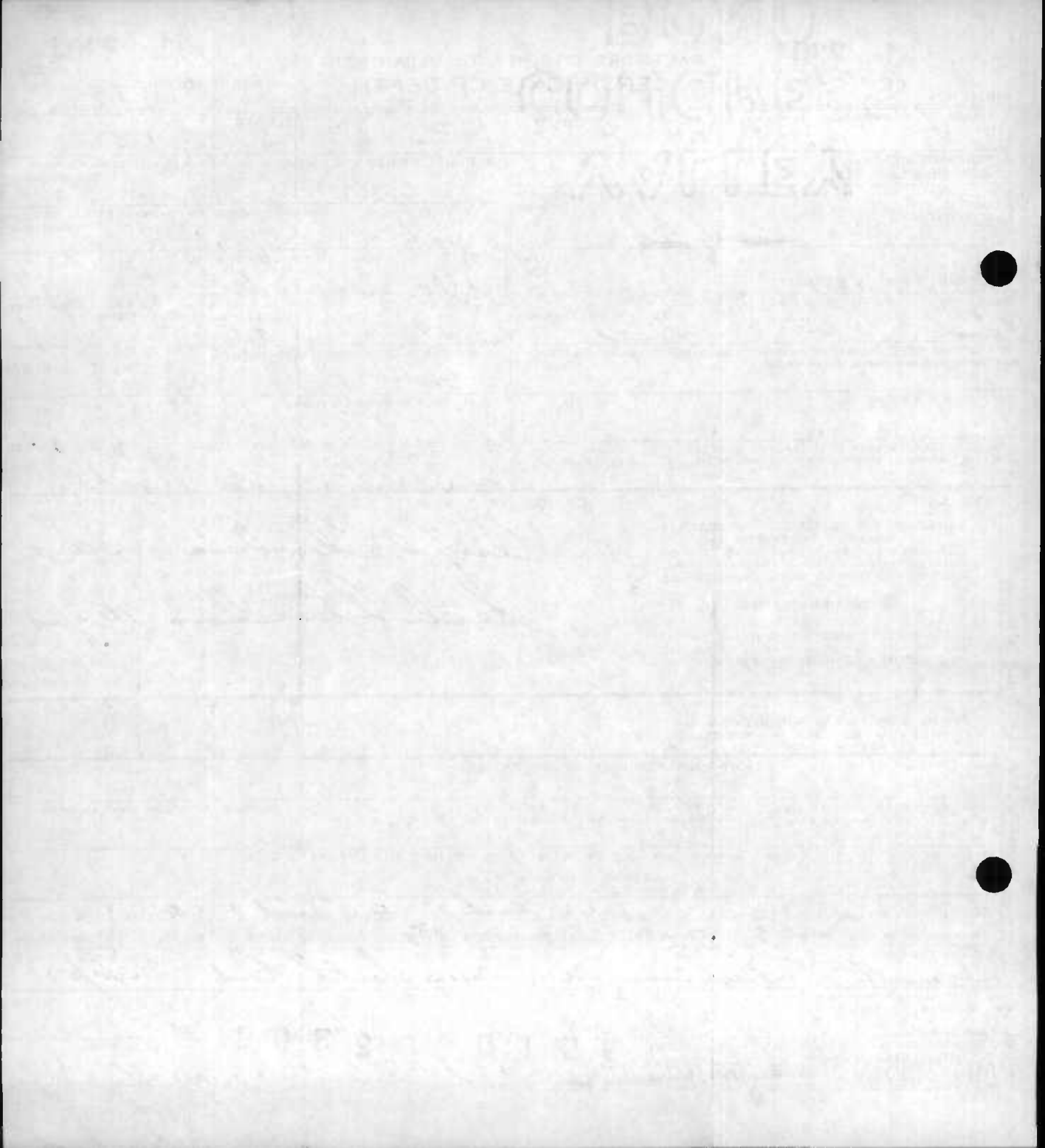
MAR 12 1951

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Brown, 3645-17, Wheatland Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALICE

M DICUS

2. DATE
OF
DEATH

March 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1919 Frederick Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Sept 28 1916

9. AGE (In years
last birthday)

4

10. CITIZEN OF
WHAT COUNTRY?

11. BIRTHPLACE (State or foreign country)
Md.

13. FATHER'S NAME

Carl S. Dicus

14. MOTHER'S MAIDEN NAME

Mary Beyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carl S. Dicus, 1919 Frederick Ave

18. E 916 0 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Second and third degree burns of 85%
of the body

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1919 Frederick Avenue

20/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
March 10, 1951 3:00 A.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Conflagration

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Boudry

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 12 1951

REGISTRAR'S SIGNATURE

William V. Boudry

25. FUNERAL DIRECTOR

Harry A. Witzke

ADDRESS

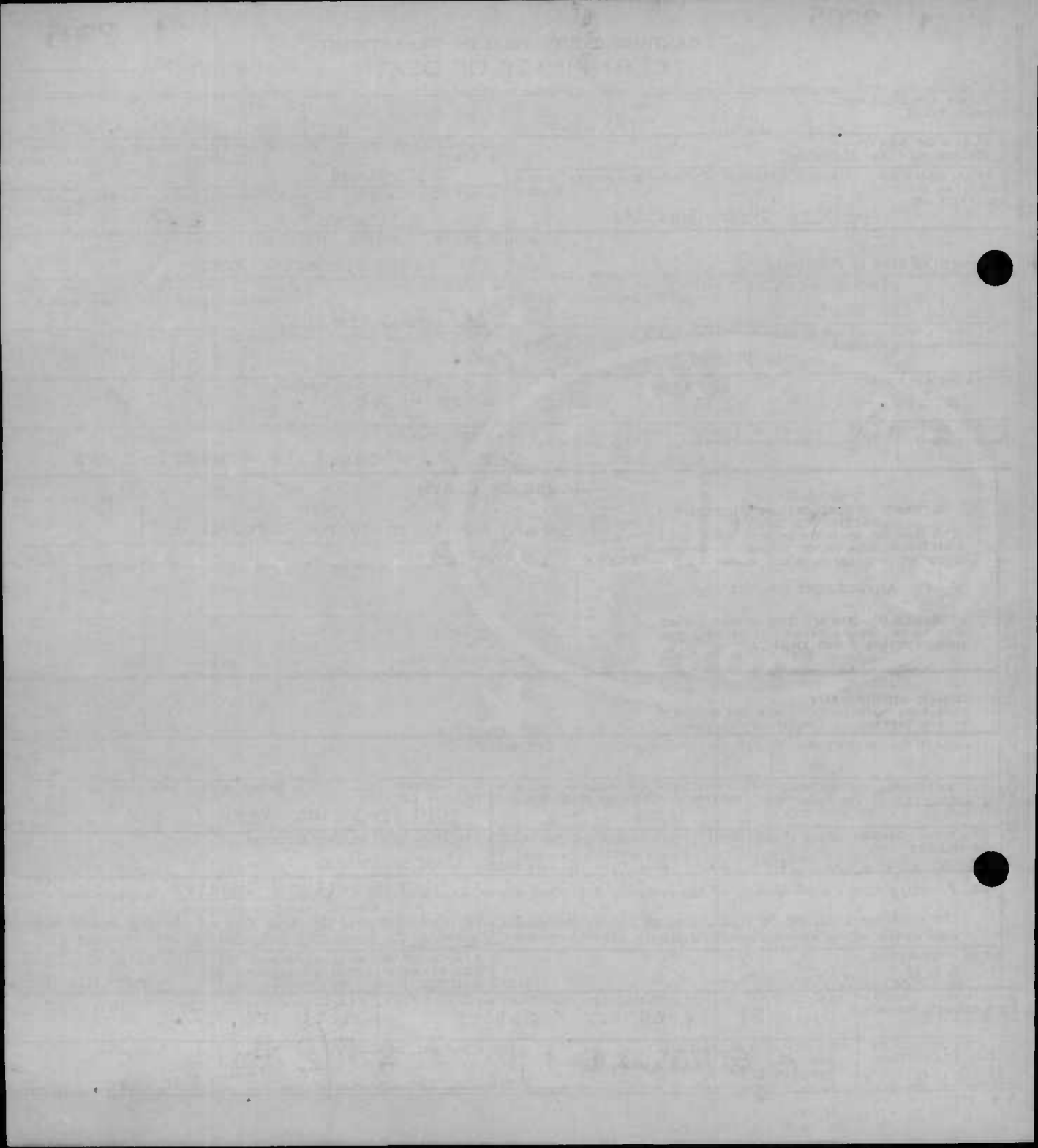
Edmondson Ave.

V S 151

N-949.2

1804

MEDICAL CERTIFICATION



220 51 2306

51 2306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE

DICUS

2. DATE
OF
DEATH

March 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-03

D. STREET ADDRESS (If rural, give location)

1919 Frederick Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 27 1944

9. AGE (In years
last birthday)

6

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Student

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl S. Dicus

14. MOTHER'S MAIDEN NAME

Mary Beyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carl S. Dicus, 1919 Frederick Rd

18. E 916-0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Second and third degree burns of 60%
of the body

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
1919 Frederick Avenue

20/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
March 10, 1951 3:00 A.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?
Conflagration

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Booth

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 10, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE
3/12/51

24C. NAME OF CEMETERY OR CREMATORY
Western Cemetery

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Booth

25. FUNERAL DIRECTOR

Harry N. Smith 4101 Diamond-
son Ave.

V S 151

N-949.2

180 ✓

MEDICAL CERTIFICATION

52451 2307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2307

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSIE K. SINGEWALD

2. DATE
OF
DEATH

Mar 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

33 Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

CATONSVILLE

D. STREET ADDRESS (If rural, give location)

HAARLEM LODGE

5200

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

7-26-86

9. AGE (In years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Kornmann

14. MOTHER'S MAIDEN NAME

Louise Spellman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

1B. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia, bacterial

2 weeks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Erythema dermatitis; Schizophrenia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 3-3-1951 to 3-8-1951, that I last saw the
deceased alive on 3-8-1951, and that death occurred at 11:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Payne

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 12 1951

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Harry A. Antke

ADDRESS

4101 Edmondson

VS 150

107 Ave.

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please rate the cause of death clearly and

CERTIFICATE OF DEATH

HAROLD A. JENSEN

CHICKEN

11-1-41

7-0-41

WILLIAM J. JENSEN

WILLIAM J. JENSEN

WILLIAM J. JENSEN

WILLIAM J. JENSEN

WILLIAM J. JENSEN

WILLIAM J. JENSEN

WILLIAM J. JENSEN

516

51 2208

WINFRIY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2208

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Gregory Dale Winfry

2. DATE
OF
DEATH

3-10-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Balto. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundle

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mt. Pleasant Beach

D. STREET ADDRESS (If rural, give location)

Pasadena P.O.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 13, 1946

9. AGE (In years
last birthday)

4

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Winfry

14. MOTHER'S MAIDEN NAME

Freda Winfry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Freda Winfry Pasadena P.O.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Laryngo-tracheal diphtheria

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐ 23c. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ 3-11-57
M.D. MEDICAL INVESTIGATOR24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/13/51

Glen Haven Memorial

Anne Arundel Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1951

John F. Denny, Inc. 715 Light St.

8000

10-11-6

10-11-6

10-11-6

10-11-6

350 51 2309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2309

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Whitney

2. DATE
OF
DEATH

Mar. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

1513 N. STRICKER ST

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1513 N. STRICKER ST.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Batesville

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jack Whitney

14. MOTHER'S MAIDEN NAME

Eugenia Whitney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

M. McCoy 1311 N. Stricker St

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Pulmonary Tuberculosis

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1950, to Mar 1, 1951, that I last saw the deceased alive on Mar 1, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin Calvary

23B. ADDRESS

M.D. 1543 Penna. Ave

23C. DATE SIGNED

3/7/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/7/51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

Brooklyn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Franklin Calvary

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Rude 1500 McCall St

CENTRAL BANK

NO. 11140

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635 51 2310

JORDAN

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

51 2310

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3/5/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Good Samaritan Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

667 Vine St

C. Length of stay in Baltimore

101

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

Cul

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (in years
last birthday)

over 100

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Johnson

14. MOTHER'S MAIDEN NAME

Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Good Samaritan Hosp 2121 Carey St

CAUSE OF DEATH

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1951, to March 5, 1951 that I last saw the deceased alive on 3/5, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21 1951

J. L. Rumm

1200 m e culler st

VS 150

937

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1. Name of the plant: *Quercus agrifolia*
2. Locality: *California*
3. Date: *1910*
4. Collector: *J. H. Howell*
5. Number: *1000*
6. Description: *Tree 10-15 ft. high, leaves 2-3 in. long, 1-2 in. wide, serrated margins.*
7. Uses: *Wood for fuel, bark for tannin.*
8. Remarks: *Specimens for analysis.*

220

51 2311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2311

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dicus Virginia Lee

2. DATE
OF
DEATH

3-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 20-03

D. STREET ADDRESS (If rural, give location)

1919 Frederick Ave.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

May 8 1943

9. AGE (In years
last birthday)

7 7

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Student

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl S. Dicus

14. MOTHER'S MAIDEN NAME

Mary Boyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carle S. Dicus, 1919 Frederick Ave.

18. E916.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Extensive Burns

24 hrs.

DUE TO

(2nd & 3rd - 60%
of body area)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

M. D.
OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City give exact location)

1919 Frederick Ave

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

Mar 10 1951

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☒

21F. HOW DID INJURY OCCUR?

Home fire

20/3

22. I hereby certify that I attended the deceased from 3-10, 1951, to 3-11, 1951, that I last saw the
deceased alive on 3-11, 1951, and that death occurred at 4:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Kelly

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Western, Edmondson Ave. & Longwood St. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Harry A. [Signature] 1801 Edmondson Ave

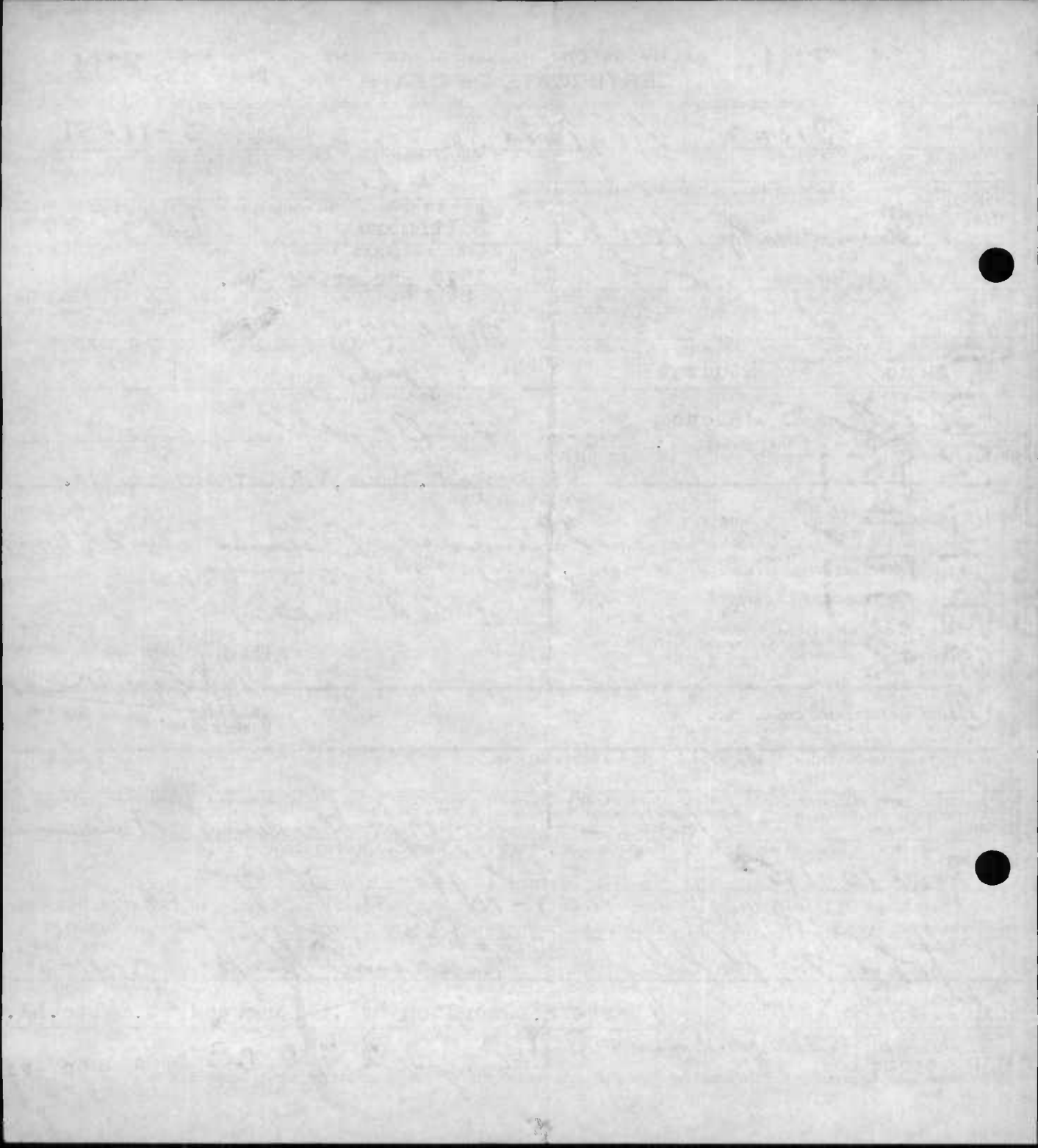
MAR 1 21951

VS 150

N-9492

180

MEDICAL CERTIFICATION



220

51 2312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2312
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORIS M. DICUS			2. DATE OF DEATH 3/10/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN Square			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03		
D. Length of stay in Baltimore			E. STREET ADDRESS (If rural, give location) 1919 Frederick Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 30 1933		9. AGE (In years last birthday) 17
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk Gerbers Mfg. Co.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.
13. FATHER'S NAME Carl S. Dicus			14. MOTHER'S MAIDEN NAME Mary Beyer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Carl S. Dicus, 1919 Frederick Ave			ADDRESS B. M. D.		

18. E 916.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Fracture skull temporal rt. jumping from third story of home in a fire		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		CERTIFICATION APPROVED Alfred CHIEF OR ASST. MEDICAL EXAMINER	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO rupturing herniation of umbilicate tube through			

19A. DATE OF OPERATION 3/10/51		19B. MAJOR FINDINGS OF OPERATION Fracture skull rt temporal. Herniation of umbilicate tube thru tentorium.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21B. PLACE OF INJURY (e. g., at or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1919 Frederick Avenue. 20/3	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 10, 1951 - 3:30 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pt. jumped from third story of home in a fire	

22. I hereby certify that I attended the deceased from 3/10 , 19 51 , to 3/10 , 19 51 , that I last saw the deceased alive on 3/10 , 19 51 , and that death occurred at 1 PM , from the causes and on the date stated above.		23A. SIGNATURE G. F. Hawkins, Jr.		23B. ADDRESS Franklin Square Hosp.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/12/51		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE SIGNED 3/10/51		24F. ADDRESS 4101 Edmondson Ave	

DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1951		REGISTRAR'S SIGNATURE Walter J. Williams, M.D.		25. FUNERAL DIRECTOR Harry J. Biehl	
VS 150		N-801.2		3424G	
Cleared by Chief Medical Examiner		180			

CERTIFICATE OF DEATH

STATE OF NEW YORK

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Funeral Home		15. Signature of Cemetery		16. Signature of Burial Place	
17. Signature of Burial Place		18. Signature of Burial Place		19. Signature of Burial Place		20. Signature of Burial Place	
21. Signature of Burial Place		22. Signature of Burial Place		23. Signature of Burial Place		24. Signature of Burial Place	
25. Signature of Burial Place		26. Signature of Burial Place		27. Signature of Burial Place		28. Signature of Burial Place	
29. Signature of Burial Place		30. Signature of Burial Place		31. Signature of Burial Place		32. Signature of Burial Place	
33. Signature of Burial Place		34. Signature of Burial Place		35. Signature of Burial Place		36. Signature of Burial Place	
37. Signature of Burial Place		38. Signature of Burial Place		39. Signature of Burial Place		40. Signature of Burial Place	
41. Signature of Burial Place		42. Signature of Burial Place		43. Signature of Burial Place		44. Signature of Burial Place	
45. Signature of Burial Place		46. Signature of Burial Place		47. Signature of Burial Place		48. Signature of Burial Place	
49. Signature of Burial Place		50. Signature of Burial Place		51. Signature of Burial Place		52. Signature of Burial Place	
53. Signature of Burial Place		54. Signature of Burial Place		55. Signature of Burial Place		56. Signature of Burial Place	
57. Signature of Burial Place		58. Signature of Burial Place		59. Signature of Burial Place		60. Signature of Burial Place	
61. Signature of Burial Place		62. Signature of Burial Place		63. Signature of Burial Place		64. Signature of Burial Place	
65. Signature of Burial Place		66. Signature of Burial Place		67. Signature of Burial Place		68. Signature of Burial Place	
69. Signature of Burial Place		70. Signature of Burial Place		71. Signature of Burial Place		72. Signature of Burial Place	
73. Signature of Burial Place		74. Signature of Burial Place		75. Signature of Burial Place		76. Signature of Burial Place	
77. Signature of Burial Place		78. Signature of Burial Place		79. Signature of Burial Place		80. Signature of Burial Place	
81. Signature of Burial Place		82. Signature of Burial Place		83. Signature of Burial Place		84. Signature of Burial Place	
85. Signature of Burial Place		86. Signature of Burial Place		87. Signature of Burial Place		88. Signature of Burial Place	
89. Signature of Burial Place		90. Signature of Burial Place		91. Signature of Burial Place		92. Signature of Burial Place	
93. Signature of Burial Place		94. Signature of Burial Place		95. Signature of Burial Place		96. Signature of Burial Place	
97. Signature of Burial Place		98. Signature of Burial Place		99. Signature of Burial Place		100. Signature of Burial Place	

220 51 2213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

MC HUGH

2. DATE
OF
DEATH

March 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

1023 Boyd Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12/2/1897

9. AGE (In years

53

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

General Laborer

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Mathias McHugh

14. MOTHER'S MAIDEN NAME

Mary E. Shannon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uo oo oo)

✓

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

✓

17. INFORMANT

Lyman C. Howe

ADDRESS 11 So. Arlington Ave

18.

' CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic bronchial asthma

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

St Peter's Cem.

24D. LOCATION (City, town, or county)

Moreland Ave

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MART 21951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John G. Cowan & Son

ADDRESS

906 1/2 St.

MEMORANDUM FOR THE RECORD

DATE

TIME

PLACE

TO

FROM

SUBJECT

1. [Faint text]

2. [Faint text]

3. [Faint text]

4. [Faint text]

5. [Faint text]

6. [Faint text]

7. [Faint text]

8. [Faint text]

9. [Faint text]

10. [Faint text]

11. [Faint text]

12. [Faint text]

13. [Faint text]

14. [Faint text]

15. [Faint text]

16. [Faint text]

17. [Faint text]

18. [Faint text]

19. [Faint text]

20. [Faint text]

200

51 2214

Fuchs
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2214

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Fuchs, Mary*2. DATE
OFDEATH *March 10, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

~~LOCATION~~*St. Joseph's*

C. CITY OR TOWN

*Maryland**Baltimore*

D. STREET ADDRESS (If rural, give location)

2038 N. Washington St.

Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Sept 8th 1877*9. AGE (in years
last birthday)*73*10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Hwfe.*10B. KIND OF BUSINESS OR
INDUSTRY*Own home*

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Chamberlain

14. MOTHER'S MAIDEN NAME

*Katherine Wrexler*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *550.11*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Generalized peritonitis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Ruptured gangrenous appendix*
DUE TO
(C) *Albs, Alutia*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from *March 8,* 19*51* to *March 10,* 19*51*, that I last saw the
deceased alive on *March 9,* 19*51*, and that death occurred at *2:20 a.m.,* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

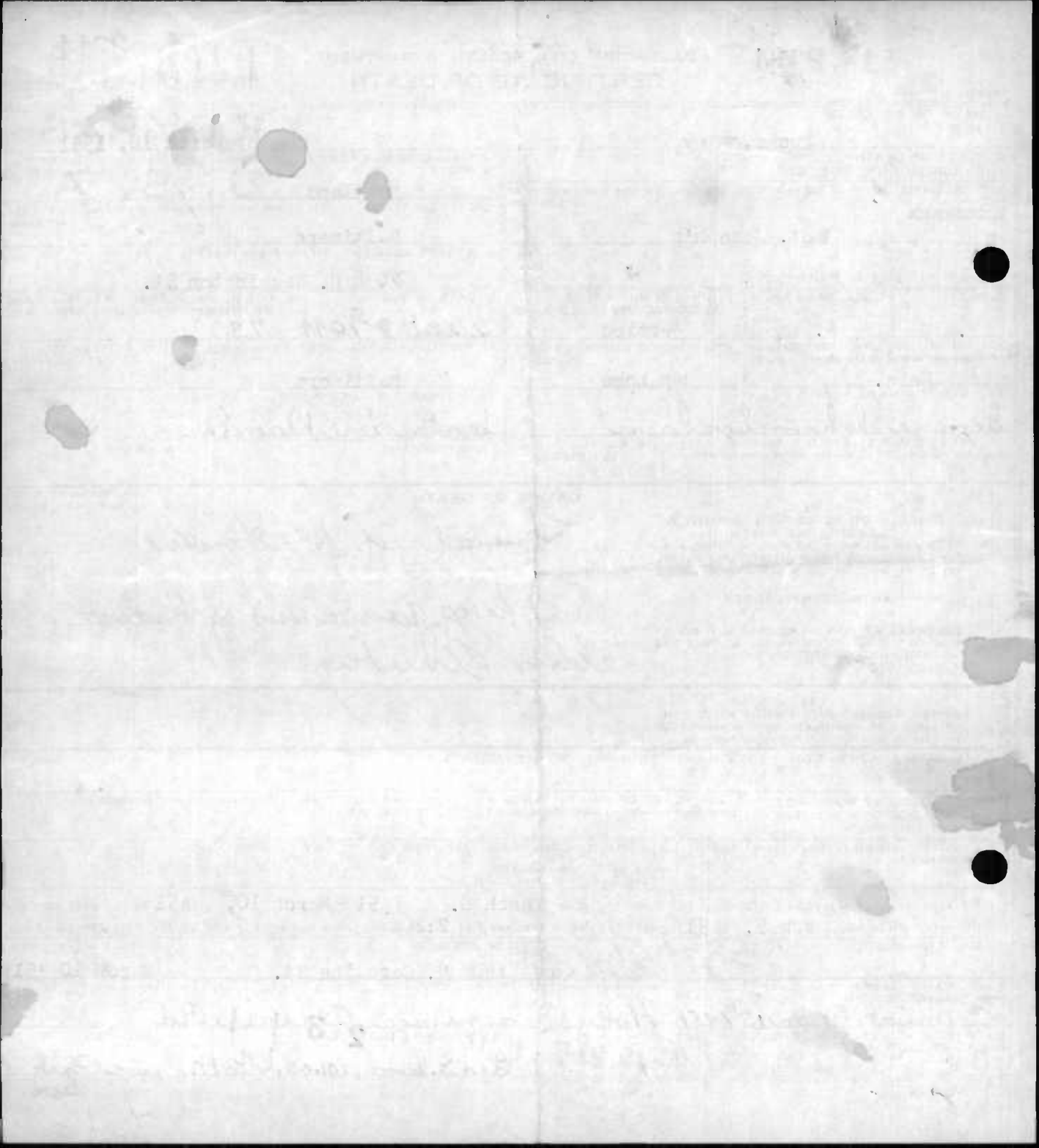
ADDRESS

VS 150

ave

121

MEDICAL CERTIFICATION



200 51 2215

RAUKKO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2215
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Raukko

2. DATE
OF
DEATH

3-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

CITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

FORT HOWARD

D. STREET ADDRESS (If rural, give location)

ROSS ROAD + AVE A.

Length of stay in Baltimore

4 1/2 YEARS

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

FEMALE WHITE

SINGLE

JUNE 3, 1875

75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

HOUSEKEEPER

DOMESTIC

11. BIRTHPLACE (State or foreign country)

FINLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN RAUKKO

14. MOTHER'S MAIDEN NAME

MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 5201

MRS. ELLEN CRAIN EASTERN AV

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemopericardium

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture Arterio-sclerotic

DUE TO

(C) Rupture of Aorta

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....☐ 23c. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒ 3-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

Mar 14/51

Oak Lawn

3 Balls C Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

ULLRICH FUNERAL HOME PUNDLICK

217

RESEARCH AND ANALYSIS
IN THE LABORATORY

1952

1/2 1/10

10-10-51

Temperature

Relative Humidity

Amount of Rain

Notes

12-11-51

1. Records

260 51 2316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2316
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gracie Acree

2. DATE
OF
DEATH

March 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

405 Pittman Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

405 Pittman Place

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 10, 1895

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Edmonds

14. MOTHER'S MAIDEN NAME

Julia Maushaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Acree 405 Pittman Place

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET, AND DEATHHistory
three hoursII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the
deceased alive on 19, and that death occurred at 1 1/2 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1951

Washington William F. ...

Mr. William Acree 405 Pittman Place

NO. 1

WILSON'S CASE

R. B. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

650 51 2317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2317
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Brown			2. DATE OF DEATH 3/9/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland 2719 Parkwood Ave. Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION			c. CITY OR TOWN (If outside corporate limits, write R.U.T. and give township) Baltimore		
c. Length of stay in Baltimore 3 Yrs.			d. STREET ADDRESS (If rural, give location) 2719 Parkwood Ave.		
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 6/15/69	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (State or foreign country) Bucksville, S. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Buck			14. MOTHER'S MAIDEN NAME Mary Buck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Phila., Pa. ADDRESS Braxton B. Brown 1221 Redfield St.		

MEDICAL CERTIFICATION

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Sclerosis DUE TO Cerebral Occlusion DUE TO Arterio Sclerosis			CAUSE OF DEATH Cerebral Vascular Sclerosis Cerebral Occlusion Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 night		
19a. DATE OF OPERATION 0			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb 2, 1951 , to March 9, 1951 , that I last saw the deceased alive on March 9, 1951 , and that death occurred at 5 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Charles J. Woodland		23b. ADDRESS 811 Ardmore St.		23c. DATE SIGNED 3-10-51			M. D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/51		24c. NAME OF CEMETERY OR CREMATORY Rolling Green		24d. LOCATION (City, town, or county) (State) Chester Co., Pa.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 1 21951		REGISTRAR'S SIGNATURE William M. E.		25. FUNERAL DIRECTOR Charles R. Law		ADDRESS 802 Madison Ave.		

646

51 2318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2318

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH A. Traylor

2. DATE
OF
DEATH

Mar. 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2506 Calverton Heights Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2506 Calverton Heights Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1885

9. AGE (in years
last birthday)

66

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Machinist-retired10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lynchburg, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Traylor

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George J. Parlett, 2506 Calverton Heights

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchiectasis

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Right Heart Failure

INTERVAL BETWEEN
ONSET AND DEATHmany
years

2 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 10, 1950 to March 10, 1951, that I last saw the
deceased alive on 3/10/51, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

G. Mendel

651 N Beutalon

3/10/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

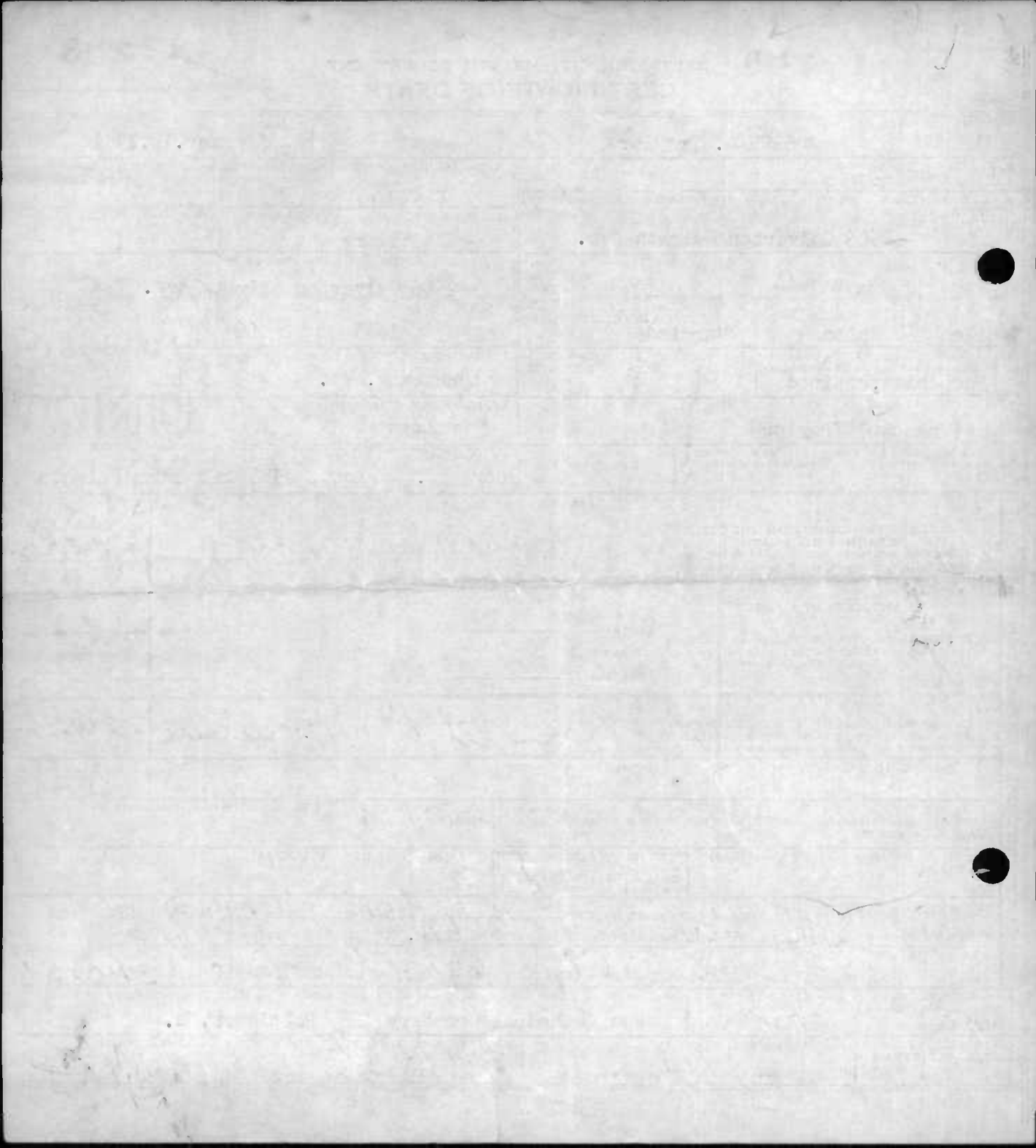
William H. Williams, Jr.

1211 St Paul St

VS 150

106 B

MEDICAL CERTIFICATION



-635 51 2319

Meyerding
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2319
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*HERMAN MEYERDING HERMAN A. MEYERDING*2. DATE
OF
DEATH*3-11-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Sinai Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MARYLAND* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1915 WILKINS AVE

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*SINGLE*

8. DATE OF BIRTH

*OCT 8-1896*9. AGE (In years
last birthday)*54*If Under
Months:If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*SEAMAN*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*GERMANY*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*16. SOCIAL
SECURITY NO.*140-01717 Elizabeth Zeitvogel WILKINS AVE*

17. INFORMANT

ADDRESS

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary occlusion*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerotic heart disease*

DUE TO

(C) *Diabetes mellitus*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-9*, 19*51*, to *3-11*, 19*51*, that I last saw the
deceased alive on *3-11*, 19*51*, and that death occurred at *12:40 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

St. Louis

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

*3-11-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

MAR 14-1951

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAR 1 21951*

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

Walter B. Wagner

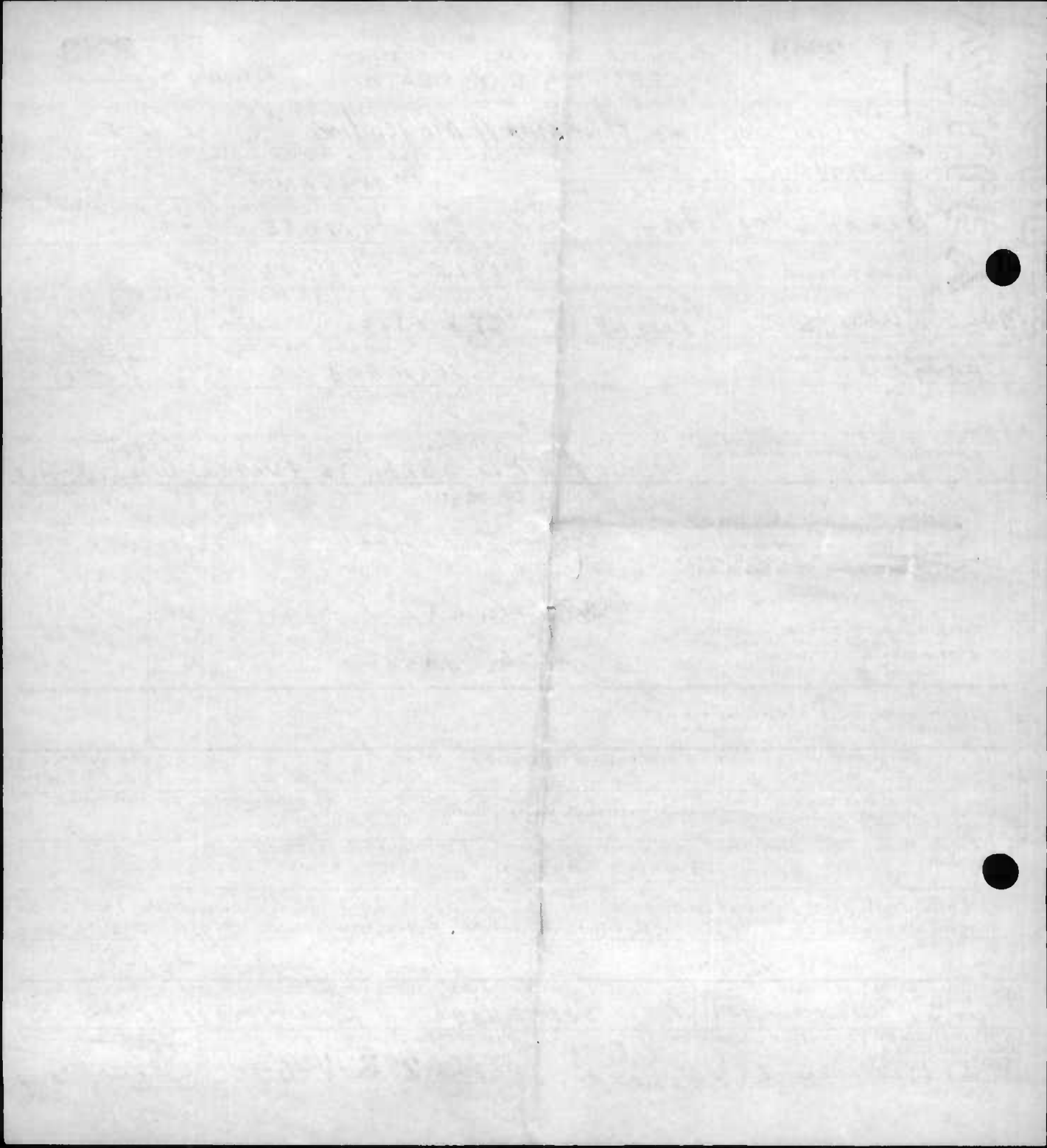
ADDRESS

St. Louis

VS 150

61

MEDICAL CERTIFICATION



64651 2220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2220
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE
Matilda Traylor

2. DATE
OF
DEATH

3/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2740 N. Calvert St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE MD B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-03

D. STREET ADDRESS (If rural, give location)
2740 N. Calvert St

Length of stay in Baltimore 30 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb-26-1861

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James G. W. Brunner

14. MOTHER'S MARDEN NAME

Catherine Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs F. B. Bennett (Daughter) 2740 N. Calvert St

ADDRESS

18. 422.1 I

CAUSE OF DEATH

INTERNAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterioriogenic C.U. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. A. Lubinski

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Funeral

March 13/51

Blanford Petersburg Va

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

Funeral Home

Stewart Morris 8. Balty.

V S 151

937

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

FILE NO.

1890

<p>NAME OF DECEASED</p>		<p>AGE</p>		<p>SEX</p>		<p>RACE</p>		<p>DATE OF BIRTH</p>		<p>DATE OF DEATH</p>		<p>PLACE OF BIRTH</p>		<p>PLACE OF DEATH</p>	
<p>RESIDENCE</p>		<p>CAUSE OF DEATH</p>		<p>DIAGNOSIS</p>		<p>DATE OF EXAMINATION</p>		<p>DATE OF INTERMENT</p>		<p>PLACE OF INTERMENT</p>		<p>NAME OF MINISTER</p>		<p>NAME OF FUNERAL HOME</p>	
<p>SIGNATURE OF PHYSICIAN</p>		<p>SIGNATURE OF MINISTER</p>		<p>SIGNATURE OF FUNERAL HOME</p>		<p>SIGNATURE OF HEALTH DEPARTMENT</p>		<p>SIGNATURE OF CITY CLERK</p>		<p>SIGNATURE OF CITY COMMISSIONER</p>		<p>SIGNATURE OF CITY ATTORNEY</p>		<p>SIGNATURE OF CITY SHERIFF</p>	

500
-000
ND-146233
BIRTH NO.

51 2321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2321

1. NAME OF DECEASED (Type or Print) Sam Chinn (Chin Foo)			2. DATE OF DEATH March 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, give township) Baltimore		
D. Length of stay in Baltimore 40 Yrs.			E. STREET ADDRESS (If rural, give location) 322 Park Avenue		
5. SEX Male	6. COLOR OR RACE Yellow	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 8, 1884	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) California		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pneumonectomy DUE TO Coronary Failure (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH (over) 18hrs. Immediate

19A. DATE OF OPERATION 3-9-51		19B. MAJOR FINDINGS OF OPERATION Pneumonectomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-23 , 19 51 to 3-10 , 19 51 , that I last saw the deceased alive on 3-10 , 19 51 and that death occurred at 8:50 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar/13/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	24D. LOCATION (City, town, or county) (State) Woodbury, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 1 21951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Ave. City #1. 47D	

MEDICAL CERTIFICATION

*What was the condition
for which the pneumonectomy
was indicated?*

"Pneumonectomy was performed for carcinoma of lung"

See Document File 51-2321

4/18/51

ES

123

51 2322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2322
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABRAHAM EPSTEIN

2. DATE
OF
DEATH

March 11, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Luthern

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

3102 Garrison Boulevard

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Male

White

Married

30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Toby Epstein - Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart
Disease

1 yr

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

Wm. J. Williams, M.D.

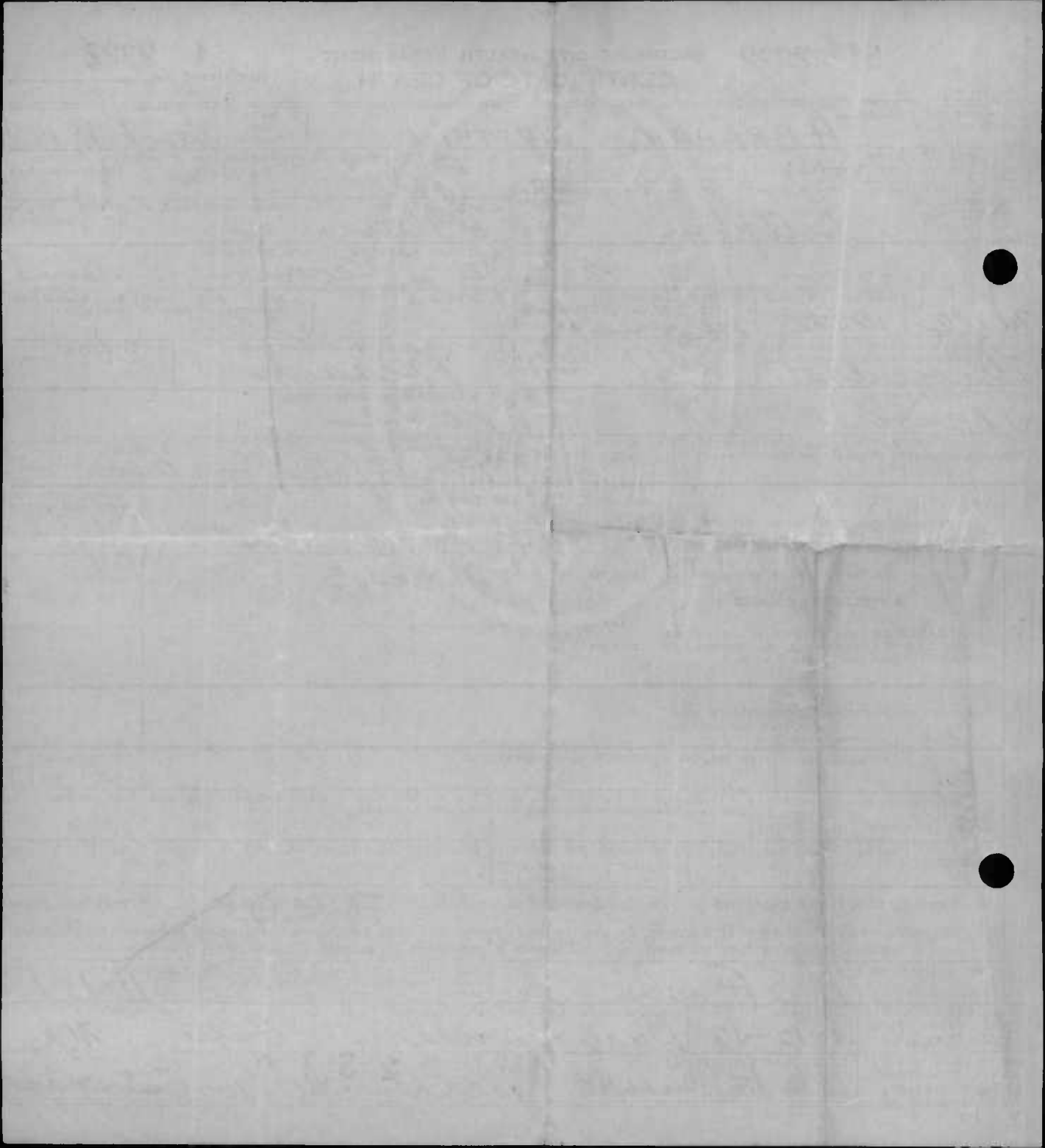
Jack Lewis 2100 Eutaw Pl

VS 151

600081

937

MEDICAL CERTIFICATION



513 51 2323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2323

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Louise Compton			2. DATE OF DEATH March 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 902 E. 41st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 902 E. 41st St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 4, 1877		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----			9. AGE (In years last birthday) 74		
10B. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME George Pruett			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. -----		
17. INFORMANT Mrs William Klein--707 E. Arlington Ave			ADDRESS Ave		

CAUSE OF DEATH

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MESENTERIC THROMBOSIS DUE TO INTERVAL BETWEEN ONSET AND DEATH 3/5/51	(A) MESENTERIC THROMBOSIS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL THROMBOSIS DUE TO 2/26/51	(B) CEREBRAL THROMBOSIS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE DUE TO years?	(C) ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS DUE TO ?	

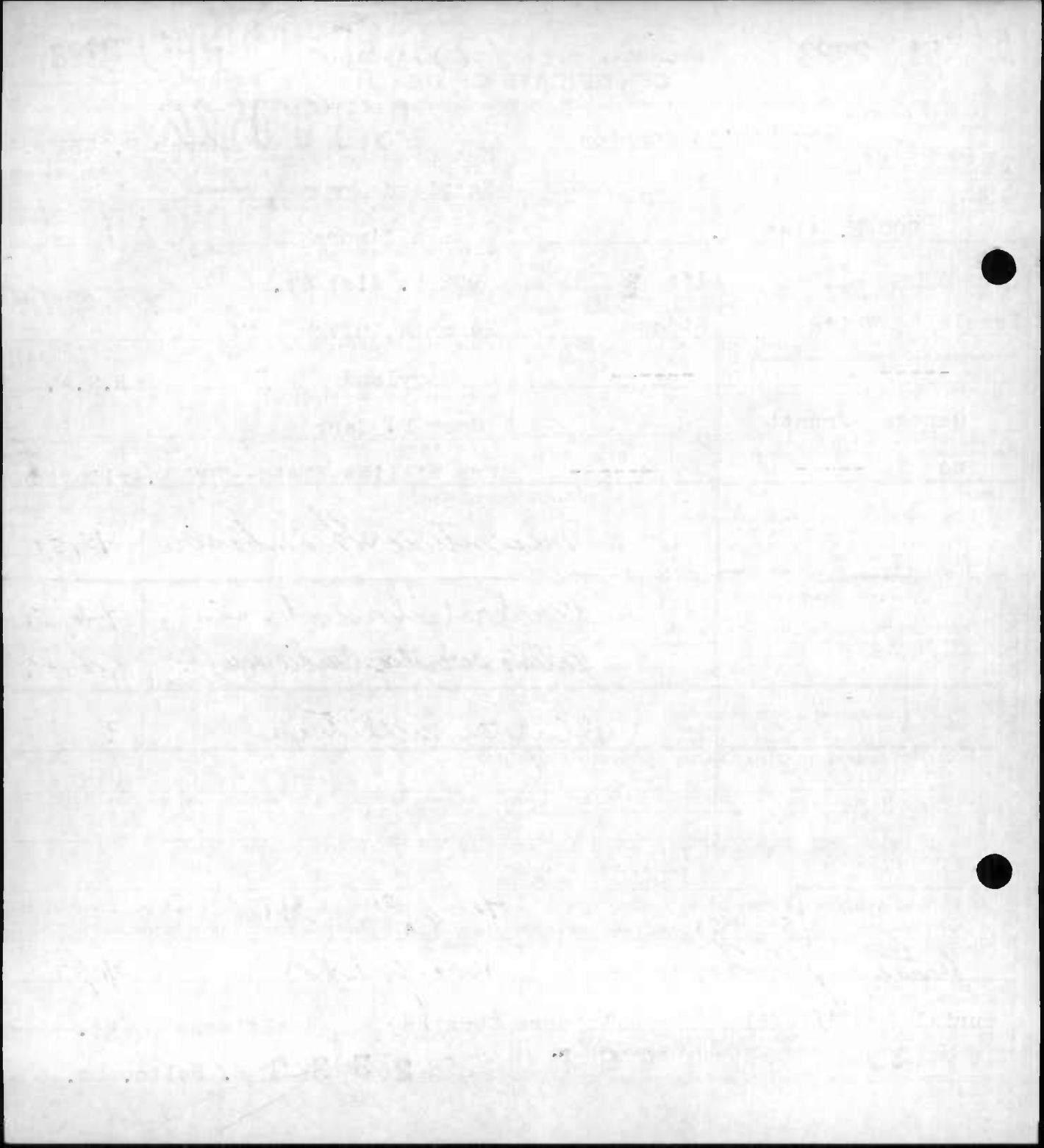
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/13**, 19**51**, to **3/9**, 19**51**, that I last saw the deceased alive on **3/8**, 19**51**, and that death occurred at **8 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Anthony J. Roman** M. D. 23B. ADDRESS **4605 York Rd** 23C. DATE SIGNED **3/12/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **3/12/51** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR **John A. Roman** 25. FUNERAL DIRECTOR **John A. Roman** ADDRESS **3000 E. Balto. St.**



625

51 2324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2324

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Bergman

2. DATE
OF
DEATH

3-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp. of Md.

C. Length of stay in Baltimore

59 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

902 E. Preston St (2)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 28, 1891

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

Insurance Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon Bergmann

14. MOTHER'S MAIDEN NAME

Catherine Kutcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Andrew Bergmann 1633 N. Hilton

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bleeding Esophageal Varices

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Portal Cirrhosis

DUE TO

7

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pulmonary Edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 9, 1951, to March 10, 1951, that I last saw the deceased alive on March 10, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Edwards

23B. ADDRESS

M. D.

Luth. Hosp. Md.

23C. DATE SIGNED

3-10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1951

H. W. Meador - 805 N. Calvert st.

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, BOSTON

1911

NAME OF DECEASED *John J. Smith*

RESIDENCE *123 North Street, Boston, Mass.*

DATE OF DEATH *May 15, 1911*

TIME OF DEATH *10:30 A.M.*

PLACE OF DEATH *At Home*

Cause of Death *Heart Disease*

Signature of Physician *Dr. J. H. Jones*

Signature of Registrar *Wm. J. Smith*

Signature of Coroner *John A. Smith*

Signature of Burial Officer *John A. Smith*

Signature of Minister of the Gospel *Rev. J. H. Jones*

Signature of Undertaker *John A. Smith*

Signature of Embalmer *John A. Smith*

Signature of Funeral Home *John A. Smith*

Signature of Cemetery *John A. Smith*

Signature of Burial Place *John A. Smith*

Signature of Burial Officer *John A. Smith*

Signature of Burial Officer *John A. Smith*

650

51 2225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2225

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Edward Brown.

2. DATE
OF
DEATH

March 9, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address of
HOSPITAL OR location)
INSTITUTION

1505 W. Saratoga St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

19-02

D. STREET ADDRESS (If rural, give location)

1505 W. Saratoga St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE. MARRIED.
WIDOWED. DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 9, 1898

9. AGE (in years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Mack Brown.

14. MOTHER'S MAIDEN NAME

Elizabeth Smith.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ella Brown. 1505 W. Saratoga

18.

002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Acute Millian Tuberculosis 9 mo.
E. of exposure to the infection.INTERVAL BETWEEN
ONSET AND DEATH

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/15, 1950 to Mar 9, 1957, that I last saw the
deceased alive on 3/8, 1957, and that death occurred at 12:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 13, 1957

Adelbert Memorial Park

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

Huntington Williams, Inc.

Mrs. Kate R. Williams Schroeder St.

VS 150

97099

13B

MEDICAL CERTIFICATION

Do not copy!

FOR STATISTICAL PURPOSES ONLY

Registered Case # 00825 TB Bureau of BCHD
as pulmonary tbc.

3/13/51 ES

162

51

2326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

2326

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W. Spriggs.

2. DATE
OF
DEATH

March 9, 1951.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1103 Woodyear St

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)Maryland, 16-03
Baltimore, (If outside corporate limits, write RURAL and give township)

c. CITY OR TOWN (If rural, give location)

1103 Woodyear St.

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

November 22, 1877

9. AGE (In years
last birthday)

73

If Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mt. Vernon, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Spriggs.

14. MOTHER'S MAIDEN NAME

Cecelia Froth.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. C. W. Spriggs Bunch, 1103 Woodyear St.

18. 446X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension Myocardiosis

DUE TO

(C)

Hypertension + Atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 20, 1951, to March 9, 1951, that I last saw the
deceased alive on Mar 9, 1951, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

VS 150

131a

THE UNIVERSITY OF CHICAGO

JOSEPH W. ST. JOHN

My dear Sir,
I have the honor to acknowledge the receipt of your letter of the 11th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
J. W. St. John

Very truly,
J. W. St. John

Yours truly,
J. W. St. John

314 51 2227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2227

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Edward Staples Jr.

2. DATE
OF
DEATH

March 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION2101
Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write "RURAL" and give township)

D. STREET ADDRESS (If rural, give location)

1701 Madison Ave. Apt. 4B.

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

October 10, 1892-58

9. AGE (In years last birthday)

11 Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Staples.

14. MOTHER'S MAIDEN NAME

? Williams.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marie Brown. 1701 Madison Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Gas. tro
Chronic Myocarditis + Hypertension

5 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Mar 9, 1951, that I last saw the deceased alive on 3-2-1951, and that death occurred at 7:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

Wm. R. Boykin

23B. ADDRESS

M. D.

1133 N. Monroe St.

23C. DATE SIGNED

3/10-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

VS 150

Burial March 14, 1951

Baltimore National

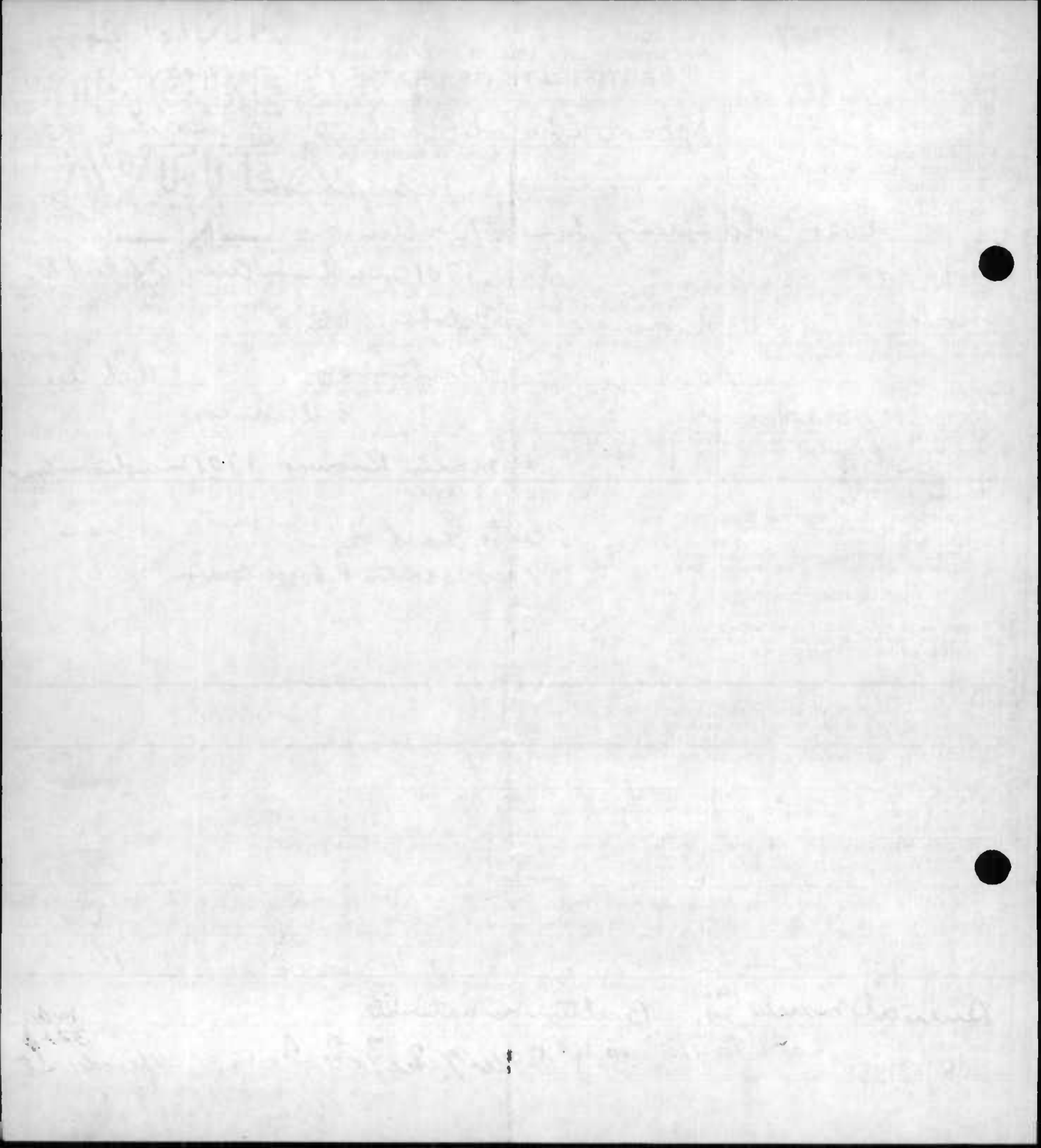
Ind.

Wm. R. Boykin

Mrs. Katie R. Williams

Schroeder St.

937



500

51 2228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2228

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. Hamm.

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

867 W. Fayette St.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write FULL and give township)

d. STREET ADDRESS (If rural, give location)

867 W. Fayette St.

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated.

8. DATE OF BIRTH

May 1, 1923

9. AGE (In years
last birthday)

27

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Aurora, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Hamm.

14. MOTHER'S MAIDEN NAME

Mollie Tripp.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

231-09-6519

17. INFORMANT

Mrs. Mollie Tripp.

ADDRESS

867 W. Fayette St.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cerebral Vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1951, to March 8, 1951, that I last saw the
deceased alive on 8, 1951, and that death occurred at 5 P.m., from the causes and on the date stated above.

23a. SIGNATURE

William H. Watts M.D.

23b. ADDRESS

515 46th St.

23c. DATE SIGNED

3/10/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Buried March 12, 1951

Mt. Calvary

Brooklyn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1951

William H. Watts, M.D.

Mrs. Katie R. Williams

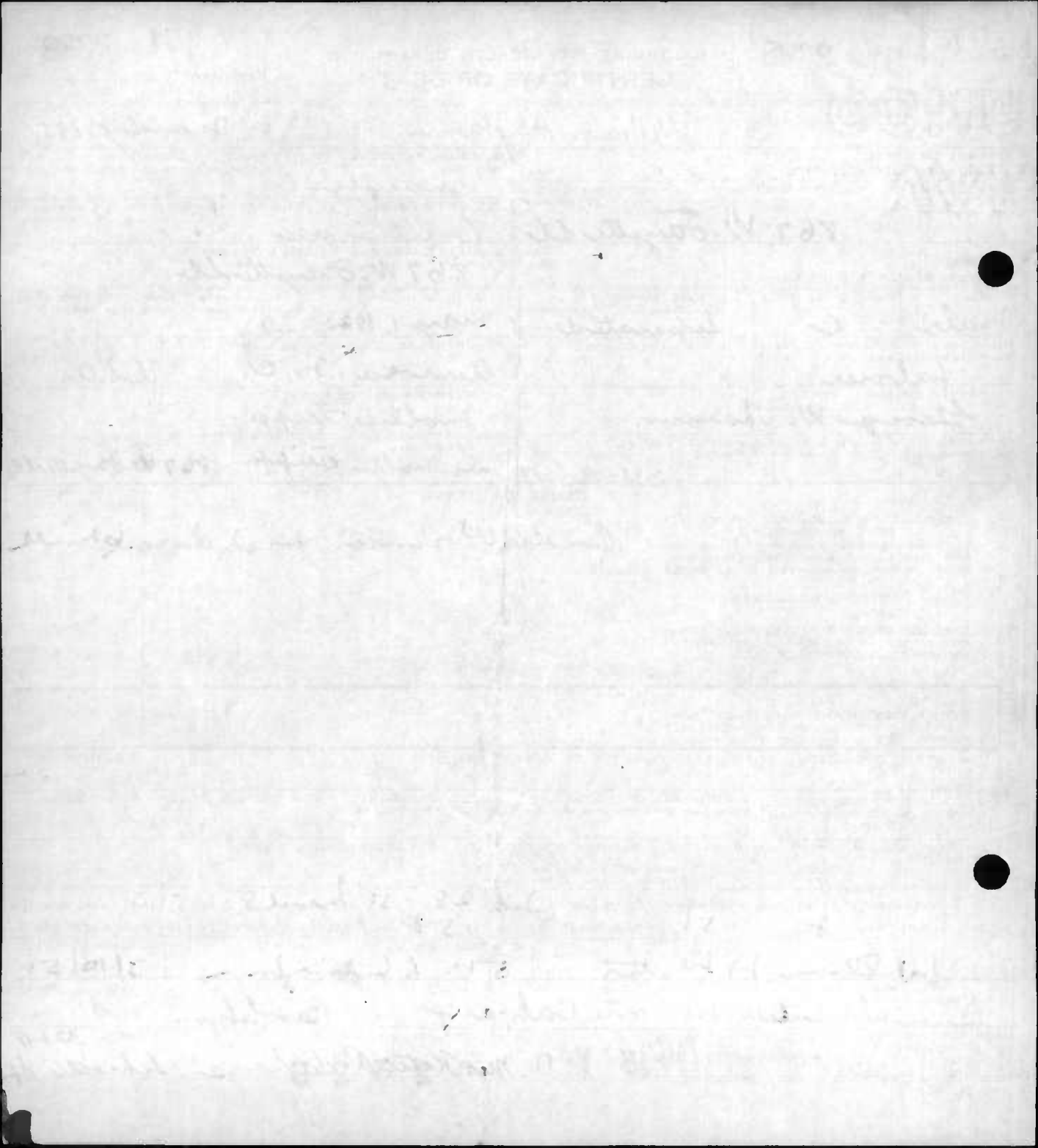
Schroeder St.

VS 150

97099

131a

MEDICAL CERTIFICATION



400

51 2229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2229
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM NEAL

2. DATE
OF
DEATH

March 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1432 Riggs Avenue

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 12, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

Anne Arundel Co.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Wesely Neal

14. MOTHER'S MAIDEN NAME

Harriett Arthur

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-05-7279

17. INFORMANT

ADDRESS

Mrs. Ekla P. Neal 1432 Riggs Ave,

18. E912.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of the abdomen and chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rupture of spleen

DUE TO

(C) Massive intraabdominal hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Industrial

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

R.C. Herd Co., Pier 3, Locust Point

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 8, 1951 2.00p m.

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Struck & knocked against box car by steel

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 9, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/12/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 12 1951

REGISTRAR'S SIGNATURE

B. S. Fisher

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

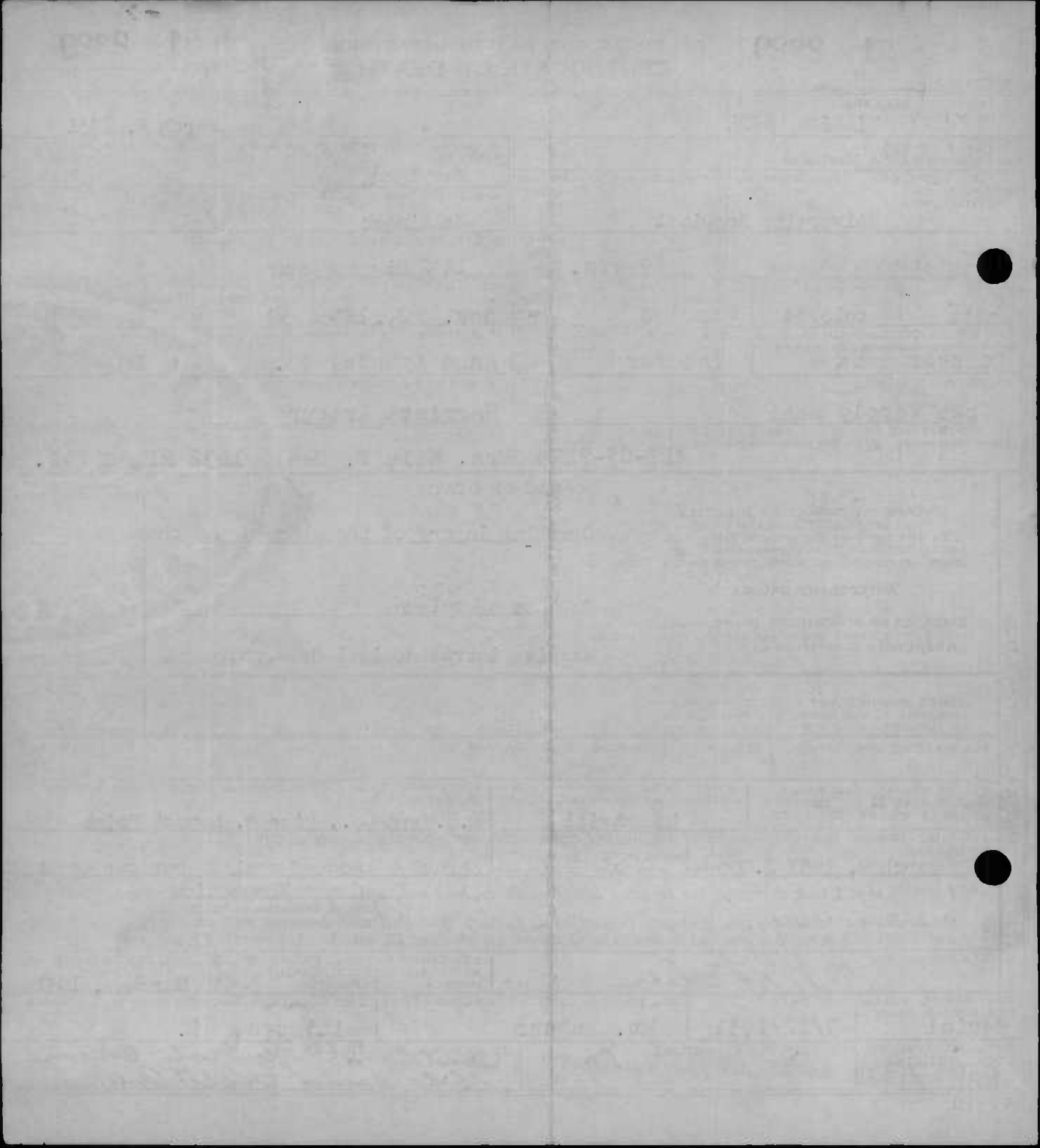
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94055

176

MEDICAL CERTIFICATION



652 51 2330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2330

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Kathleen Frank

2. DATE
OF
DEATH

March 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4700 Harford Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

Baltimore

Bellona Avenue

5300

Kensington

Yrs.

Mos.

Days

Dec. 12, 1882

Ireland

12. CITIZEN OF

WHAT COUNTRY?

Ireland

14. MOTHER'S MAIDEN NAME

?

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 12, 1882

9. AGE (in years
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ann. Frank, Mercyville

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertension (Essential)

DUE TO

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

DUE TO

4 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3-9-47, 19 to 3-10, 1951, that I last saw the
deceased alive on 3-9, 1951, and that death occurred at 2 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11 E. Chase St.

3-11-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

VS 150

83a

1. The first part of the paper is devoted to a general

discussion of the subject and its importance.

2. The second part is devoted to a detailed

description of the various methods used in the

investigation.

3. The third part is devoted to a discussion of the

results of the investigation.

4. The fourth part is devoted to a discussion of the

conclusions of the investigation.

5. The fifth part is devoted to a discussion of the

implications of the investigation.

6. The sixth part is devoted to a discussion of the

limitations of the investigation.

7. The seventh part is devoted to a discussion of the

future work in this field.

8. The eighth part is devoted to a discussion of the

acknowledgments.

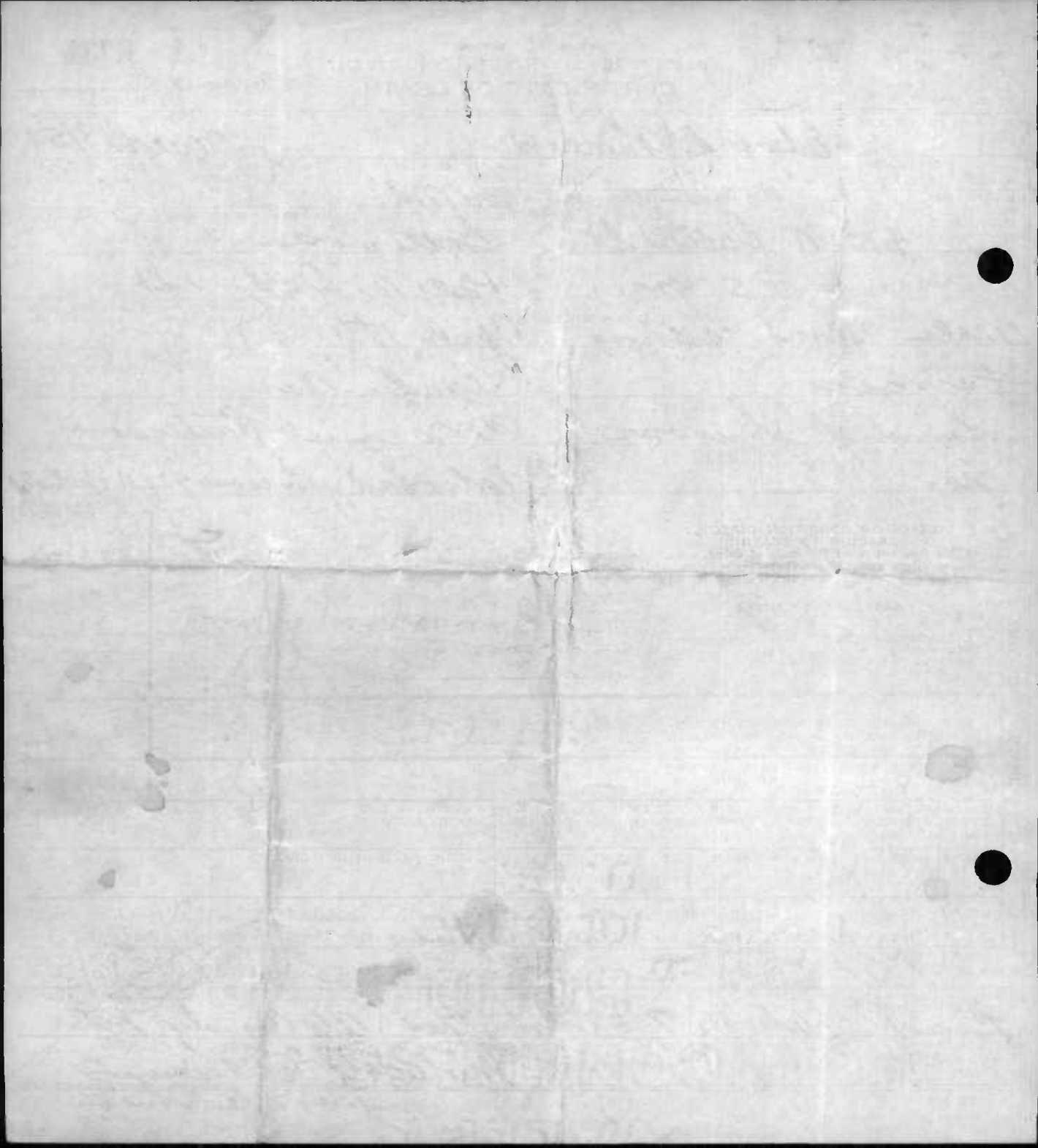
9. The ninth part is devoted to a discussion of the

references.

10. The tenth part is devoted to a discussion of the

appendices.

11. The eleventh part is devoted to a discussion of the



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2332
Registered No. _____

200
51 2332
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Walter Tyes		2. DATE OF DEATH March 9, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 20-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1822 W. Saratoga St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1822 Saratoga St	
5. SEX m	6. COLOR OR RACE c	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH May 23, 1885
			9. AGE in years last birthday 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) md	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Eliza Tyes 1822 W. Saratoga St	

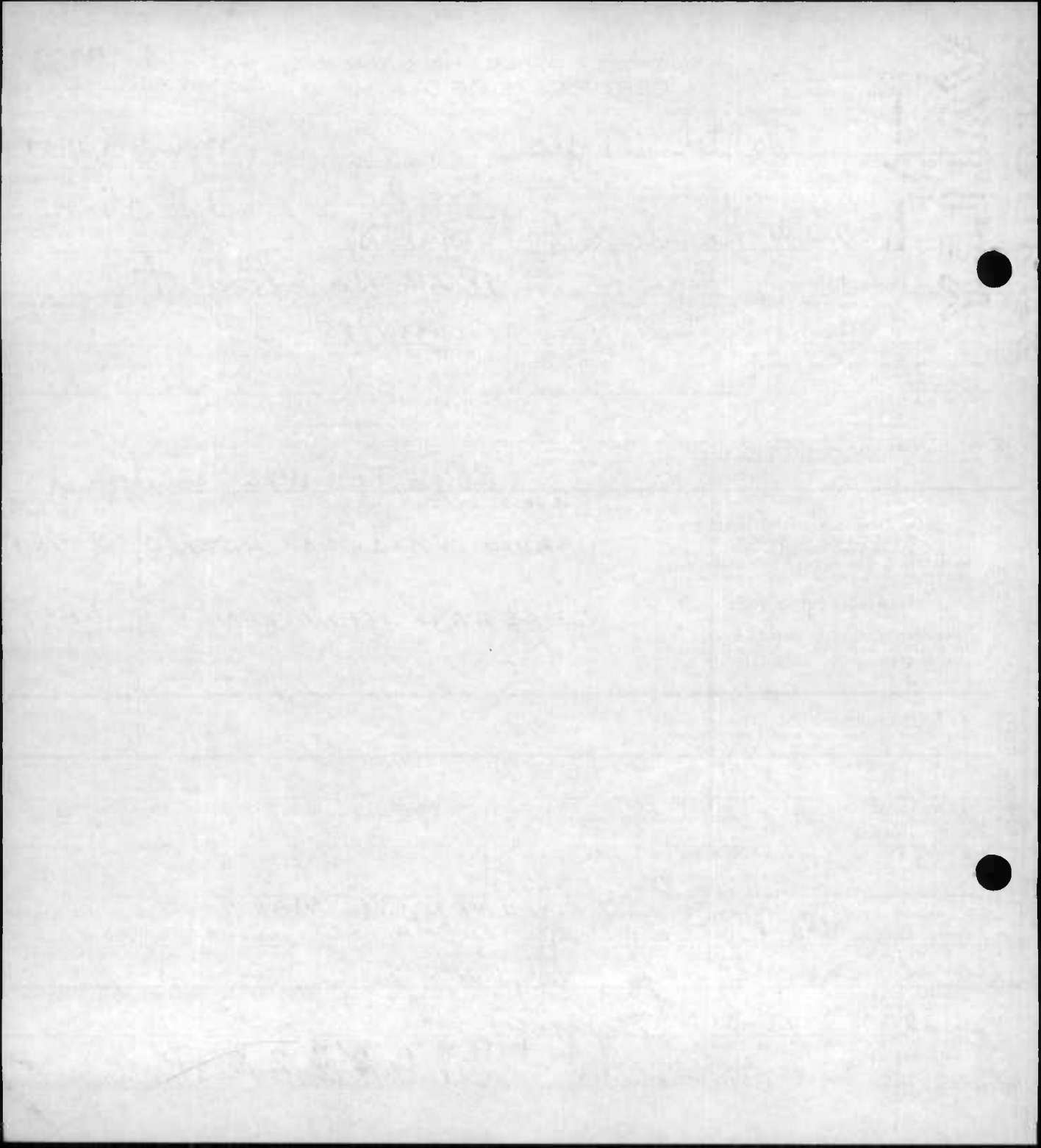
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO CEREBRAL HEMORRHAGE	INTERVAL BETWEEN ONSET AND DEATH 2 YRS 1 DAY
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 15, 1948 to MAR 9, 1951 , that I last saw the deceased alive on MAR 8, 1951 , and that death occurred at 8:54 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE William Frey		23B. ADDRESS 1958 Penna Ave		23C. DATE SIGNED 3/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-13-51		24C. NAME OF CEMETERY OR CREMATORY Arbutus	
				24D. LOCATION (City, town, or county) (State) md	

DATE RECEIVED BY LOCAL REGISTRAR MAR 1 21951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR Geo. S. Belmont	
				ADDRESS 1303 Preston St	

MEDICAL CERTIFICATION

937



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51**

2333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RACHAEL

DORSEY

2. DATE
OF
DEATH

March 9, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1303 Bruce Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/1/1875

9. AGE (In years last birthday)

75

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John Dorsey

14. MOTHER'S MAIDEN NAME

Eliza Hatchett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Albert Dorsey 1303 N. Bruce St.

18. **E812.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

none

ANTECEDENT CAUSES

(B) **Uremia**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of pelvis

Fracture of right tibia and fibula

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Presstman & Bruce Streets

15/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 19, 1951 9:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Kelson

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md. 30

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Kelson

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS

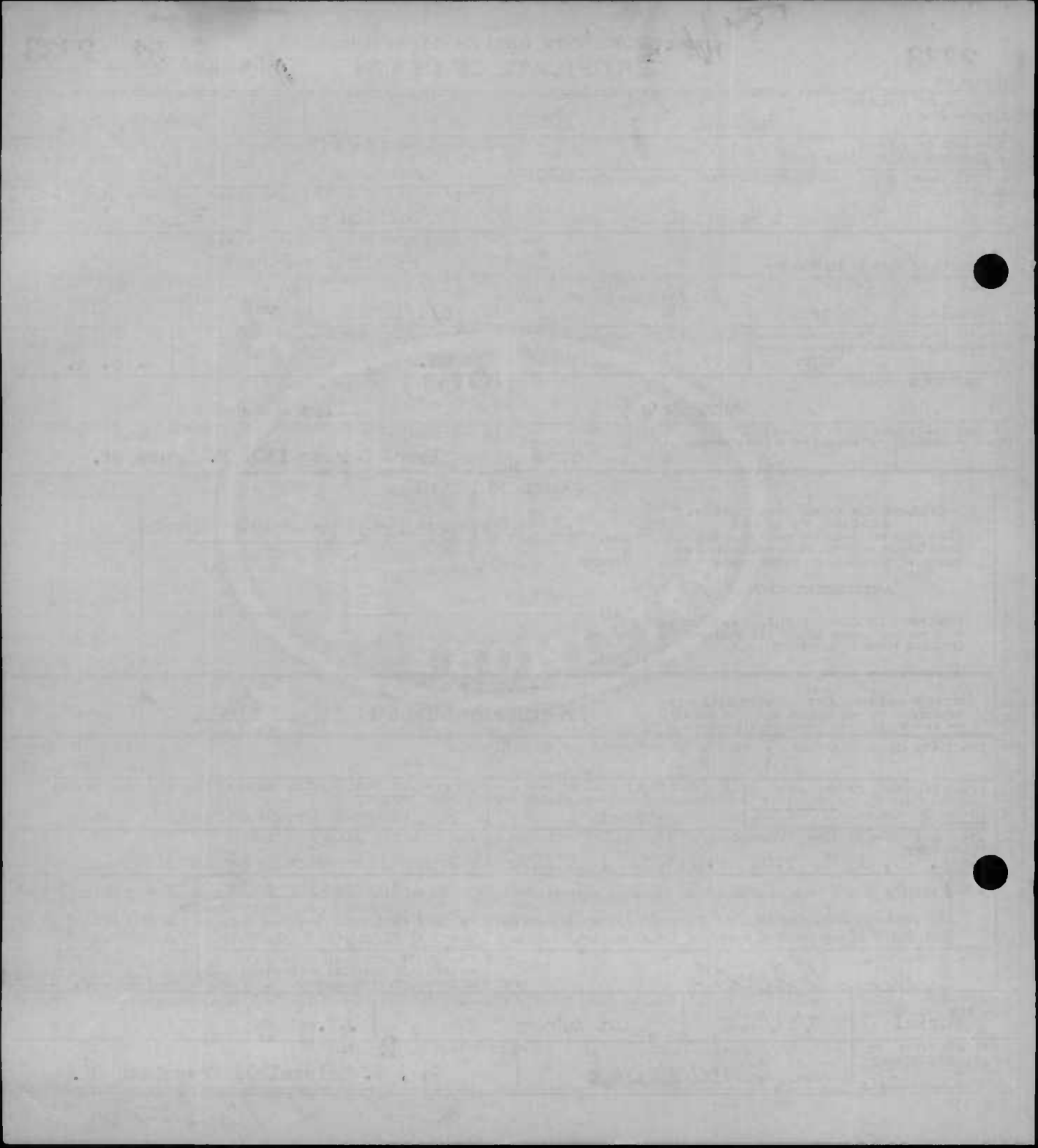
1702

V S 151

N-808.2

Geo. G. Kelson

MEDICAL CERTIFICATION



460

51 2334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2334

Registered No.

BIRTH NO. 50-22612

1. NAME OF DECEASED
(Type or Print)

MARVIN - EUGENE - TAYLOR

2. DATE
OF
DEATH

March 10 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5225 Linden Heights ave

C. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore Md

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5225 Linden Heights ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Oct 1 - 1960

9. AGE (In years,
last birthday)10 Under 1 Year
Months: Days
Hours: Min.

5 9

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George Taylor

14. MOTHER'S MAIDEN NAME

Marie K. Hauger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

✓

17. INFORMANT

ADDRESS

Geo Taylor, Thundersburg Md

18. 3533

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Organic Epilepsy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anoxia at birth

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1950, to 3/11, 1951, that I last saw the
deceased alive on 1/25, 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Meyer Muller

23B. ADDRESS

M. D.

4632 Park Heights

23C. DATE SIGNED

3/11/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 21951

Edw. C. Gipton, Hampstead

1958

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1958

1958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2335
Registered No.

635
BIRTH NO. 2335

1. NAME OF DECEASED (Type or Print) ANNA MARTIN		2. DATE OF DEATH 3/17/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY Balto	
b. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 527 Franklin Ave. 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 9-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) Balto. Co.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Martin		14. MOTHER'S MAIDEN NAME Katherine Pugh.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

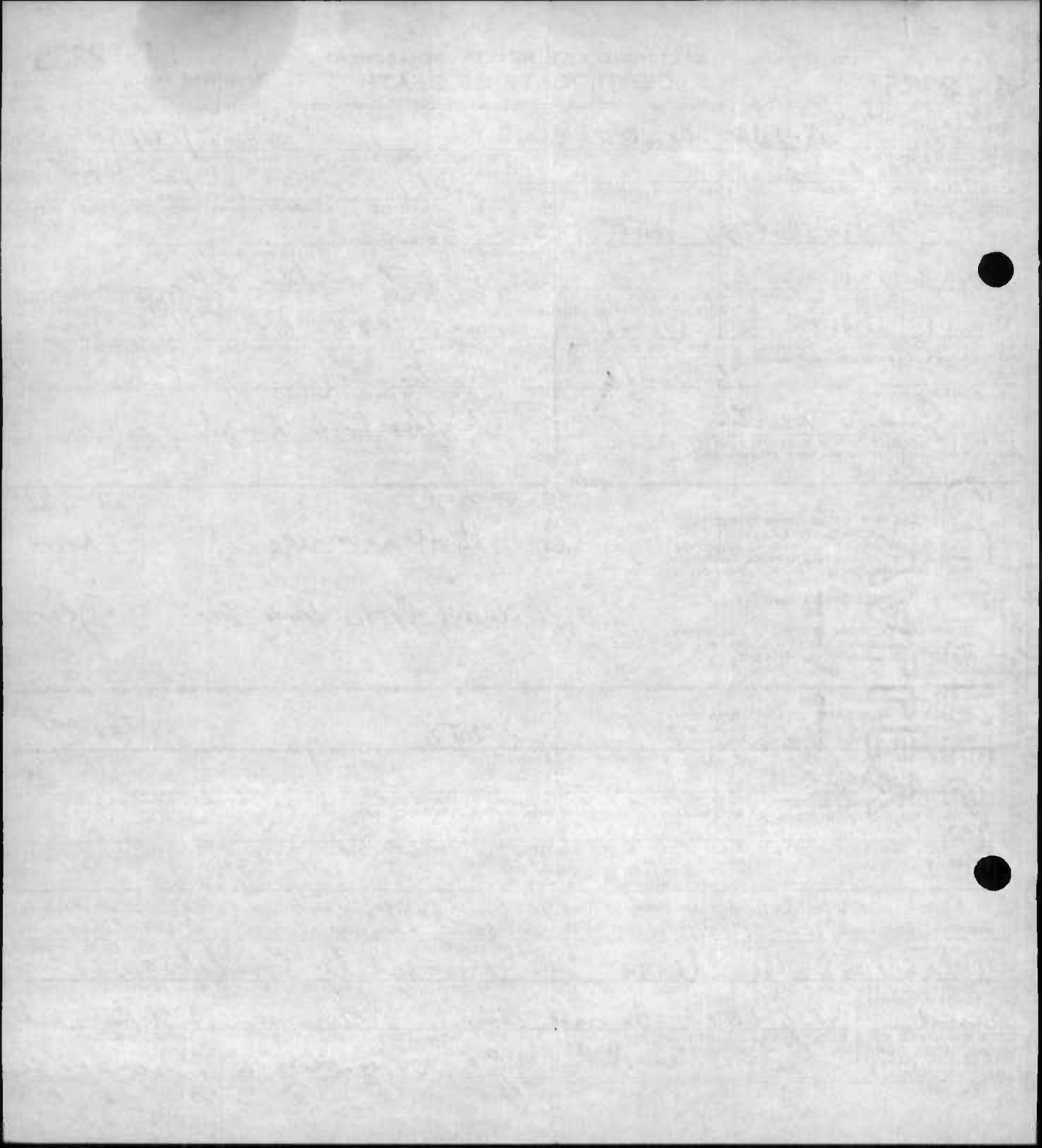
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH 9 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-Vascular Dis	(B) Hypertensive Cardio-Vascular Dis DUE TO	5 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OBESITY		15 years

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/11** 1951, to **3/11** 1951, that I last saw the deceased alive on **3/11** 1951, and that death occurred at **5³⁰ P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles T. Henderson M. D.	23b. ADDRESS University Hospital	23c. DATE SIGNED 3/11/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/16/51	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart
24d. LOCATION (City, town, or county) German Hill Rd. md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1951	REGISTRAR'S SIGNATURE William B. 5	25. FUNERAL DIRECTOR John S. Cronelly	ADDRESS Essex 21 - md.
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432
51 2336BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2336
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE J. FOLTZ		2. DATE OF DEATH 3/9/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mary Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River #20	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 325 Ballet Ave 5200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 6, 1872
9. AGE (In years last birthday) 68		10. Under 1 Year: Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Christian Foltz		14. MOTHER'S MAIDEN NAME Mary Stad	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Wife		ADDRESS same as above	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Diabetes Mellitus DUE TO (C) arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH few minutes 5 yrs +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Thrombosis		

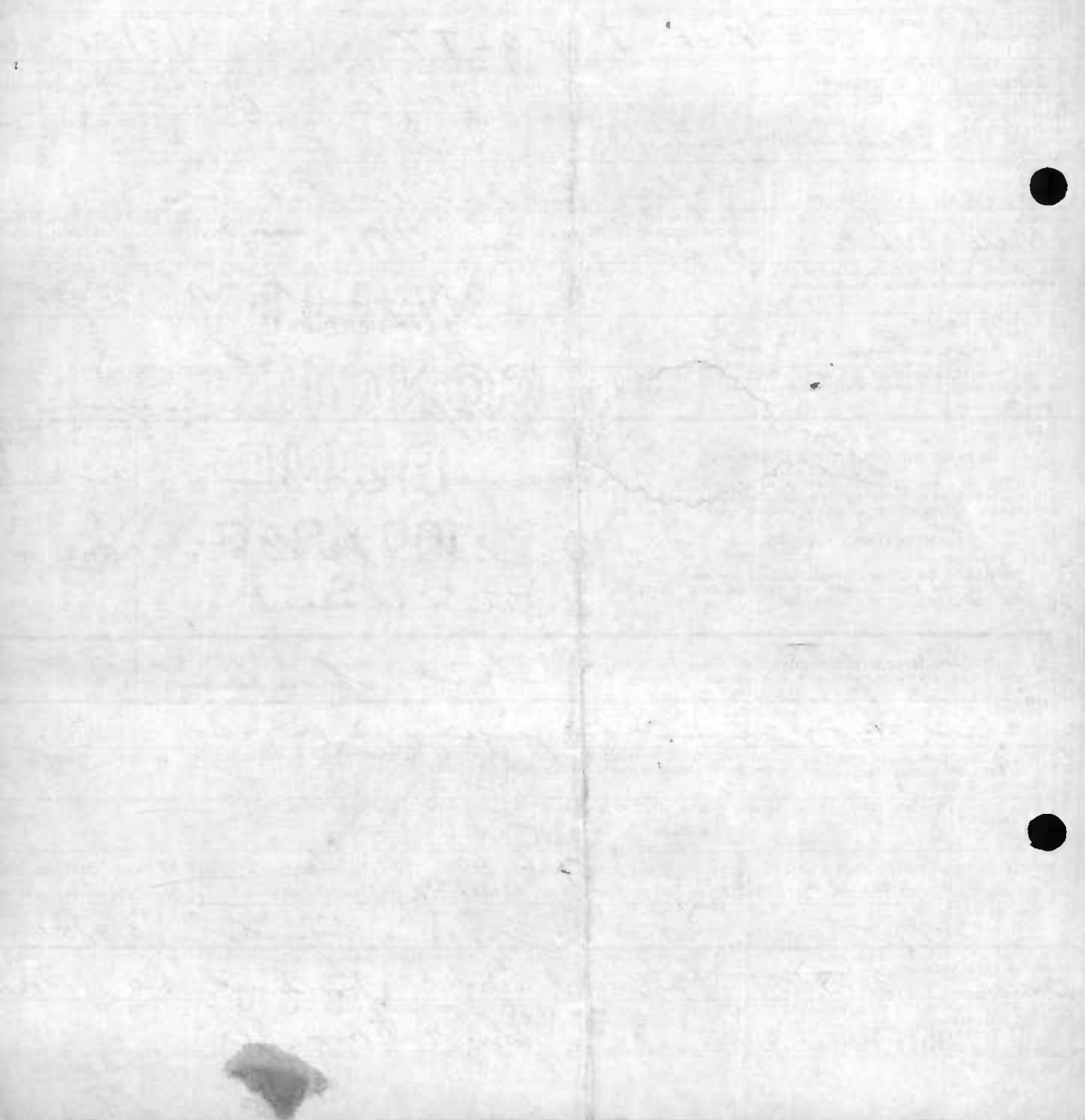
19A. DATE OF OPERATION 2/26/51	19B. MAJOR FINDINGS OF OPERATION arteriosclerotic gangrene rt. foot & leg.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? -
22. I hereby certify that I attended the deceased from Feb 20, 1951 , to Mar. 9, 1951 , that I last saw the deceased alive on March 9, 1951 , and that death occurred at 12:25 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE W. B. River, Jr.	23B. ADDRESS Mary Hospital	23C. DATE SIGNED 3/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-13-51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Co. Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 1 21951	REGISTRAR'S SIGNATURE William A. 5	25. FUNERAL DIRECTOR John S. Connolly	ADDRESS

8873

8873

THE UNIVERSITY OF CHICAGO
LIBRARY



245
51 2337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2337
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie T. Diegelman

2. DATE OF DEATH

March 10, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

60 4109 Harris Ave.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 13, 1897

9. AGE (In years last birthday)

53

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry F. Schmidt

14. MOTHER'S MAIDEN NAME

Annie Esslinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. John A. Diegelman, same

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute coronary arteriosclerosis

DUE TO

(B) Coronary artery atherosclerosis

DUE TO

(C) Myocardium

INTERVAL BETWEEN ONSET AND DEATH

1-2 min

3-5 yr.

8 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946, 19, to 3-10-51, 19, that I last saw the deceased alive on 3-10-51, 19, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. L. Taylor M.D.

23B. ADDRESS

642 Md. Pk

23C. DATE SIGNED

3-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Warford Rd

MAR 1 21951

VS 150

94a

MEDICAL CERTIFICATION

10:30 AM

Dr. Rangle

642 Wash Blvd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2338

BIRTH NO. 51 2338

1. NAME OF DECEASED (Type or Print) <u>William F. Gliss Sr.</u>			2. DATE OF DEATH <u>Mar 9-1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3321 Echodale Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>3321 Echodale Ave</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. <u>00</u> Mos. <u>00</u> Days <u>00</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 7-1872</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 Year Months: <u>00</u> Days: <u>00</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chas. of Commerce</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>		
13. FATHER'S NAME <u>William Gliss</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Birwanger</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mrs. Margaret Gliss - 3321 Echodale</u>			ADDRESS		

18. <u>157X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Pancreas</u>	CAUSE OF DEATH (A) <u>Carcinoma of Pancreas</u> DUE TO (B) <u></u> DUE TO (C) <u></u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u></u> DUE TO (C) <u></u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) <u>Mar 9 1951</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1950 to Mar. 9, 1951, that I last saw the deceased alive on Mar 9, 1951, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE <u>Ernest Sawyer</u>	23B. ADDRESS <u>4808 Harford Rd.</u>	23C. DATE SIGNED <u>3/10/51</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/12/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 12 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>H. Luck</u>	ADDRESS <u>35305 Harford Rd</u>
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MAR 12 1951
VS 150

469

Dr. Sawyer.

536
51 2239BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2239
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas P. Landerkin

2. DATE
OF
DEATH

March 11-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3206 Elmora Ave

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

3206 Elmora Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 25-1892

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman, Albert J. Gietzel

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore Md.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James P. Landerkin

14. MOTHER'S MAIDEN NAME

Mary Tedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Landerkin Same

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIO SCLEROSIS.

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL HEMORRHAGE

1947

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to March 11, 1951, that I last saw the
deceased alive on March 11, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James F. Koranagh M.D.

M. D.

23B. ADDRESS

3014 W. Ledyard St

23C. DATE SIGNED

3-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Tedman

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Harford Rd

MAR 1 21951

VS 150

49040

83a

Dr. Kavanaugh
3014 Mc Elderby.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2340**

463
BIRTH NO. **2340**

1. NAME OF DECEASED (Type or Print) GRANT BALLARD.			2. DATE OF DEATH March 9, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland Genl. Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore 47 Yrs. 47 Mo. 47 Days			O. STREET ADDRESS (If rural, give location) 1630 Jefferson Street		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Aug. 18, 1883		9. AGE (in years last birthday) 67(?)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Systemman			10B. KIND OF BUSINESS OR INDUSTRY oysters		11. BIRTHPLACE (State or foreign country) Deales Island, Md.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Wesley Ballard		
14. MOTHER'S MAIDEN NAME Sueh Jones			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS George Handy, 1630 Jefferson St.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CEREBRAL VASCULAR ACCIDENT DUE TO CEREBRAL ARTERIOSCLEROSIS DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 4 HRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-9 1951, to 3-9 1951, that I last saw the deceased alive on 3-9 1951, and that death occurred at 8:25 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Warron A. Clouery Jr.		23B. ADDRESS Maryland General Hosp.		23C. DATE SIGNED 3-9-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-13-51		24C. NAME OF CEMETERY OR CREMATORY Deales Island	
24D. LOCATION (City, town, or county) Deales Island Md		24E. NAME OF CEMETERY OR CREMATORY Deales Island Md		24F. LOCATION (City, town, or county) Deales Island Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1951		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Chas. E. Wilson	
ADDRESS 1000 Brantly Ave					

1000

1000

USA

General Vascular Fluidity

General Vascular Fluidity

1000

1000

1000

1000

1000

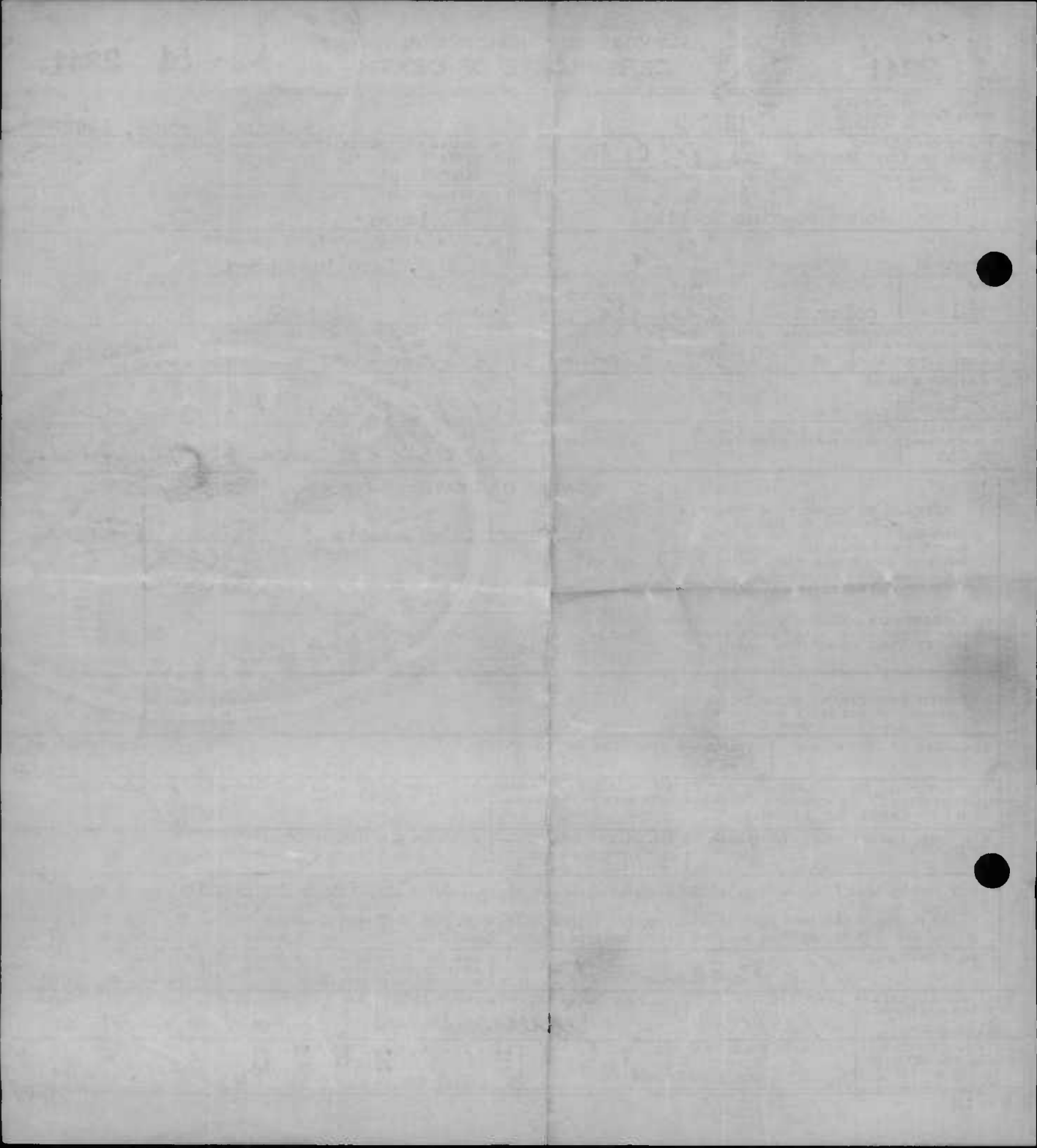
1000

1000

216
51 2341
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2341

1. NAME OF DECEASED (Type or Print) CHARLES PIGFORD			2. DATE OF DEATH March 8, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		
D. STREET ADDRESS (If rural, give location) 620 N. Caroline Street			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 10-1924	9. AGE (In years last birthday) 26	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Gen'l		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME McKenon			14. MOTHER'S MAIDEN NAME Alverda Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Alverda Johnson, 400 Ashmead St Phila, Pa			ADDRESS		
18. 002X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary tuberculosis DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II INTERVAL BETWEEN ONSET AND DEATH 2 years					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 9, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/12/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Brooklyn, Md	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		24E. FUNERAL DIRECTOR Chas. E. Wilson, 1000 Grantly		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1951		REGISTRAR'S SIGNATURE W. L. Williams, Jr.		25. FUNERAL DIRECTOR Chas. E. Wilson, 1000 Grantly	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2342
Registered No. _____

625
51 2342
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARTHA BOWEN WARSOMA			2. DATE OF DEATH March 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 258 Robert Street			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore 68 yrs.			D. STREET ADDRESS (If rural, give location) 258 Robert Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Bivirced	8. DATE OF BIRTH Dec. 14, 1882		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY Public schools	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George T. Bowen			14. MOTHER'S MAIDEN NAME Martha Ann Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Edna Newton 258 Robert Street		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) adenocarcinoma - mammary. DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
---	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-3**, 19**50** to **3-10**, 19**51**, that I last saw the deceased alive on **3-8**, 19**51**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE _____
 23B. ADDRESS
EAST MADISON, M.D.
BALTIMORE, MD.
 23C. DATE SIGNED **3-12-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/13/1951	24C. NAME OF CEMETERY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR **MAR 12 1951**
 REGISTRAR'S SIGNATURE **Huntington Williams**
 25. FUNERAL DIRECTOR
Waller Funeral Home
1602 Quind, Hill Ave.

MEDICAL CERTIFICATION

Page 12

WAT LEX

1990-1991

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1990-1991

1990-1991

+524
51 2243

SHANKLIN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2243

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Shanklin, Nellie.

2. DATE
OF
DEATH

3-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Franklin S. Hospital
36

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

302 S. Macon Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-07

D. STREET ADDRESS (If rural, give location)

302 S. Macon Street

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-22-1910

9. AGE (In years
last birthday)

40

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

James, Whalan

14. MOTHER'S MAIDEN NAME

Katharine Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT
Address

Marion S. Shanklin
302 S. Macon Street

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary embolism.
thrombosis of the l.
femoral vein.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Far advanced Pulmonary
Tuberculosis of lung.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

1-29-51

19B. MAJOR FINDINGS OF OPERATION

Pulmonary Tuberculosis of lung.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from F. S. H., 1951, to 10 March, 1951, that I last saw the
deceased alive on 3-10, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

F. S. H.

23B. ADDRESS

Franklin S. Hospital

23C. DATE SIGNED

3-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Henry Sander & Sons, Inc.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

BALTO. 3 MD.

13B

LOGWOOD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2344

230
51 2344
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Logwood Willie.</i>			2. DATE OF DEATH <i>3.11.1957.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>19-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Franklin Square Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore Yrs. <i>36</i> Mos. <i>12</i> Days <i>12</i>			D. STREET ADDRESS (If rural, give location) <i>227 N. Mount Street</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5.3.1917</i>	9. AGE (In years last birthday) <i>34.</i>	10. Under 1 Year Months: <i>3</i> Days: <i>11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Building Contractor</i>		
11. BIRTHPLACE (State or foreign country) <i>Va.</i>			12. CITIZEN OF WHAT COUNTRY? <i>Va.</i>		
13. FATHER'S NAME <i>Hubert Logwood</i>			14. MOTHER'S MAIDEN NAME <i>Janette Logwood</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>223-12-8361</i>		
17. INFORMANT <i>W. H. Logwood (wife)</i>			ADDRESS <i>227 N. Mount St.</i>		

18. <i>446 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Uremia</i> DUE TO (B) <i>Nephrosclerosis.</i> DUE TO (C) <i>Malign Hypertension 190/105</i>	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3.8.*, 19*57*, to *3.11.1957*, 19*57*, that I last saw the deceased alive on *3.11*, 19*57*, and that death occurred at *11 p m.*, from the causes and on the date stated above.

23A. SIGNATURE *D. F. Hawkins, Jr.* M. D. *Franklin Square Hosp.* 23B. ADDRESS *3/12/57* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/15/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion</i>	24D. LOCATION (City, town, or county) (State) <i>Lynchburg, Va.</i>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR *MAR 1 21957* REGISTRAR'S SIGNATURE *Charles E. ...* 25. FUNERAL DIRECTOR *Charles E. ...* ADDRESS *4822 mad. ave.*

536

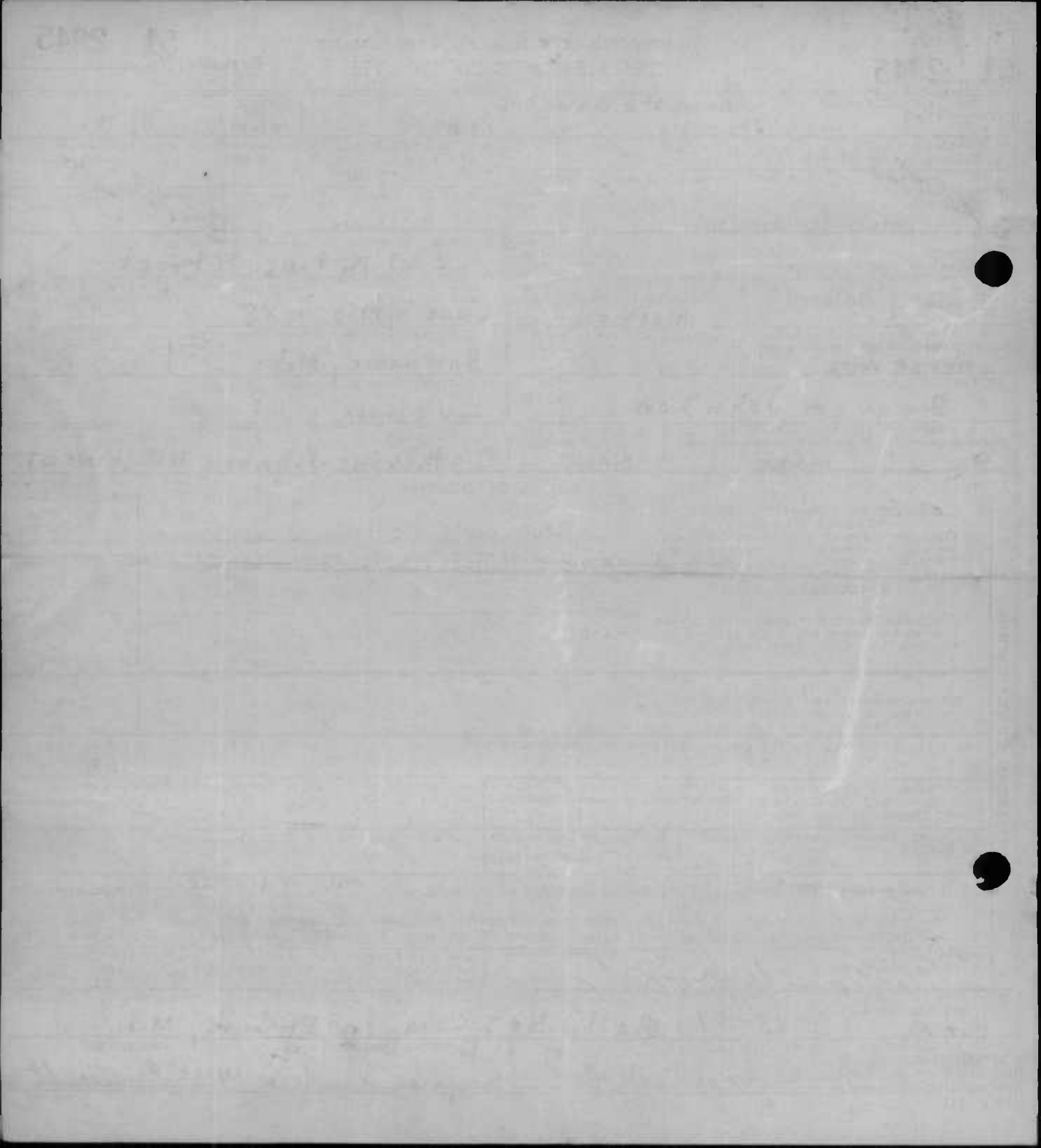
51 2345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2345
Registered No.

1. NAME OF DECEASED (Type or Print) Jannette Sanders		2. DATE OF DEATH March 7, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 207 N. Pine Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 3, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 38 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME George Johnson		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Lucinda ?	
17. INFORMANT Catherine Johnson		ADDRESS 408 Pine St.	

18. 578 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute peritonitis due to ruptured diverticulum of descending colon		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy (Partial) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 7, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-13-51	24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT. CEM.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1951		REGISTRAR'S SIGNATURE Rayner Sanders		25. FUNERAL DIRECTOR 1412 E. Preston St	



340
51 2246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

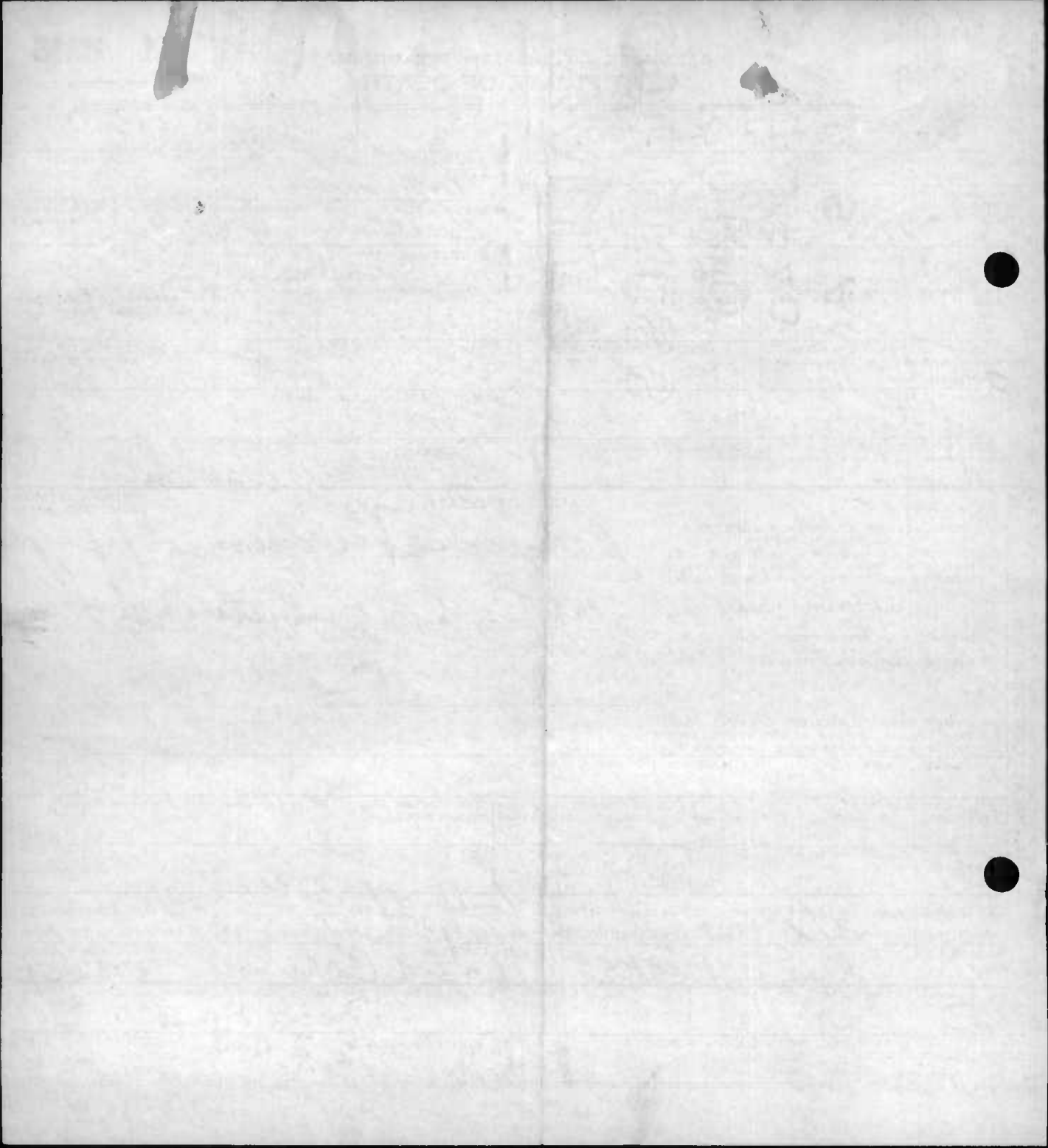
51 2246
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ATHA BATTLE		2. DATE OF DEATH 3/8/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1224 Chatham St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07			
D. STREET ADDRESS (If rural, give location) 1224 Chatham St		Yrs. 35 yrs Mos. 35 yrs Days			
5. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8/9/1875	9. AGE (in years, last birthday) 76	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) North Carolina	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Watson / Lagene		14. MOTHER'S MAIDEN NAME Martha ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Sally Mitchell ADDRESS 1224 Chatham St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 491X I Branchio Pneumonia 14 days		CAUSE OF DEATH Endocarditis 60 days		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO		(C) DUE TO	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-4-51 to 3/8 , 19 51 , that I last saw the deceased alive on 3/8 , 19 51 (and that death occurred at 1:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Car. R. Blake		23B. ADDRESS 1603-K. Caroline		23C. DATE SIGNED 3-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) ship		24B. DATE 3/12/51		24C. NAME OF CEMETERY OR CREMATORY Rocky Mount, N.C.	
24D. LOCATION (City, town, or county) (State) Rocky Mount, N.C.		25. FUNERAL DIRECTOR Raynor Sanders		ADDRESS 1412 E. Preston St.	

MEDICAL CERTIFICATION

MAR 1 21951
VS 150

92E



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2347
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD P. TURNER

2. DATE
OF
DEATH **3/9/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

310 East 21st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

310 East 21st St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1896

9. AGE (In years last birthday)
54

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Barber

10B. KIND OF BUSINESS OR INDUSTRY
Self

11. BIRTHPLACE (State or foreign country)

Odenton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John H. Turner

14. MOTHER'S MAIDEN NAME

Mary Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Ruth Turner-310 E. 21st St.

18. **4221**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardio-Vascular Disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **11-9**, 19**51**, to **3-9**, 19**51**, that I last saw the deceased alive on **3-9**, 19**51**, and that death occurred at **8:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11 E Chase St

3-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/51

24C. NAME OF CEMETERY OR CREMATORY

Nicholas Mem. Cem

24D. LOCATION (City, town, or county)

Odenton, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1951

WIEDEFELD & SON

GREENMOUNT AVE & 22ND

937

7408F

-520
51 2348

Menchey
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2348
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ellen M Menchey</i>			2. DATE OF DEATH <i>March 11, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2324 E. North Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>2324 E North Ave.</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	B. DATE OF BIRTH <i>Jan 8, 1871</i>	9. AGE (In years last birthday) <i>80</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of work/life, even if retired) <i>Housework</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		
11. BIRTHPLACE (State or foreign country) <i>Ind.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Henry M. Null</i>			14. MOTHER'S MAIDEN NAME <i>Anna M. Shick</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		
17. INFORMANT <i>Mrs Oma Reuver</i>			ADDRESS <i>2324 E North Ave. Balt.</i>		

18. <i>450.0</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)	(A) <i>Arterio Sclerosis</i>	DUE TO	<i>?</i>
ANTECEDENT CAUSES	(B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3/6/51</i> , 19 <i>51</i> , to <i>3/11/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/6/51</i> , 19 <i>51</i> , and that death occurred at <i>1:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Max Baer</i>		23B. ADDRESS <i>1501 G. Milton Ave</i>		23C. DATE SIGNED <i>3/12/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-14-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Harney Ind.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 1 21951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>C. D. 2324 E North Ave</i>			

8-13

CERTIFICATE OF DEATH

(to be filled out by the physician)

DECLARATION
OF
DEATH

63

51 2249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2249

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE LIBERTINI

2. DATE
OF
DEATH

3-9-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT. 27-06

D. STREET ADDRESS (If rural, give location)

2721 BEECHLAND AVE.

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 2, 1886

9. AGE (In years last birthday)

64

10. Under 1 Year
Months Days

4 7

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

JOSEPH LIBERTINI

14. MOTHER'S MAIDEN NAME

DOROTHY RESTIVO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-09-4675

17. INFORMANT

ADDRESS

18. E916.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

3rd deg. BURNS - 90% of Body

13 1/2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William J. [Signature] M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2721 Beechland ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 9, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

PT. LIT OVEN; DRESS CAUGHT FIRE

22. I hereby certify that I attended the deceased from 3-9-1951, to 3-9-1951, that I last saw the deceased alive on 3-9-1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H.R. Shoemaker

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-9-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

March 13 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd, Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature] 322 S. High St.

MAR 13 1951

VS 150

N. 948.2

181

MEDICAL CERTIFICATION

RECEIVED

1951

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400
51 2350BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lizzie Showell

2. DATE
OF
DEATH

March 12, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHN HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-vascular accident

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Heart disease
Hypertensive arteriosclerosis

DUE TO

?
?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Chronic pyelonephritis
Syphilis
chronic pyelonephritis

accidental perforation of uterus

2 mos
4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-1957 to 3-12-1957, that I last saw the
deceased alive on 3-12-1957, and that death occurred at 11:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

3-12-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

MAR 13 1957

VS 150

728FA

135a

Small amount

31/11/21
J. M. Smith
13-1-21

51 2351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2351

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carl. Sampson

2. DATE
OF
DEATH

March 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5605 Greenhill Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

5605 Greenhill Ave

E. Length of stay in Baltimore

30 yrs

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NO

213-03-6480

Mrs. Carl J. Sampson, 5605 Greenhill Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ac Coronary Occlus.

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Angina Pectoris

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 31, 1951, to March 11, 1951, that I last saw the
deceased alive on 3/9, 1951, and that death occurred at 6:22 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/14/51

Lion. Luth. Cen

Balto md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 31951

Huntington Williams, 1401 Lane 7401 Belair Rd.

245

51 2352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2352
Registered No.BIRTH NO. *M.C.*1. NAME OF DECEASED
(Type or Print)*Manino McAllen*2. DATE
OF
DEATH*Mar 13, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HH-2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland**Dorchester*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

East Market

D. STREET ADDRESS (If rural, give location)

5900

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*SINGLE*

8. DATE OF BIRTH

*12-1-46*9. AGE (In years
last birthday)*4*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*None*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Webster McAllen

14. MOTHER'S MAIDEN NAME

*Virginia Richardson*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

*JOHNS HOPKINS HOSPITAL*18. *752X I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Post-operative Hypertension Complication*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Congenital Hydrocephalus*

DUE TO

(C) *Asphyxia*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/7/51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *2-20-1951*, to *3-13-1951*, that I last saw the
deceased alive on *3-13-1951*, and that death occurred at *3:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Harriet S. Gines

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

East New Market

24D. LOCATION (City, town or county)

East New Market, Dor. Md.

(Street)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1951

632
51 2253BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2253
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REINHARDT MORITZ

2. DATE
OF
DEATH

Mar 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL 16

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Florida

B. COUNTY

V-08

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TAMPA

D. STREET ADDRESS (If rural, give location)

2006 1/2 DEKLE AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-7-02

9. AGE (In years,
last birthday)

49

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

WHOLESALE DRUGS

11. BIRTHPLACE (State or foreign country)

FLA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Max Moritz

14. MOTHER'S MAIDEN NAME

Nelly Kaden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Kathleen Moritz - Tampa, Fla.

18. 010X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Tuberculous Meningitis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9-1950 to 3-11-1951, that I last saw the
deceased alive on 3-11-1951, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R E Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/13/51

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Tampa, Fla.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1951

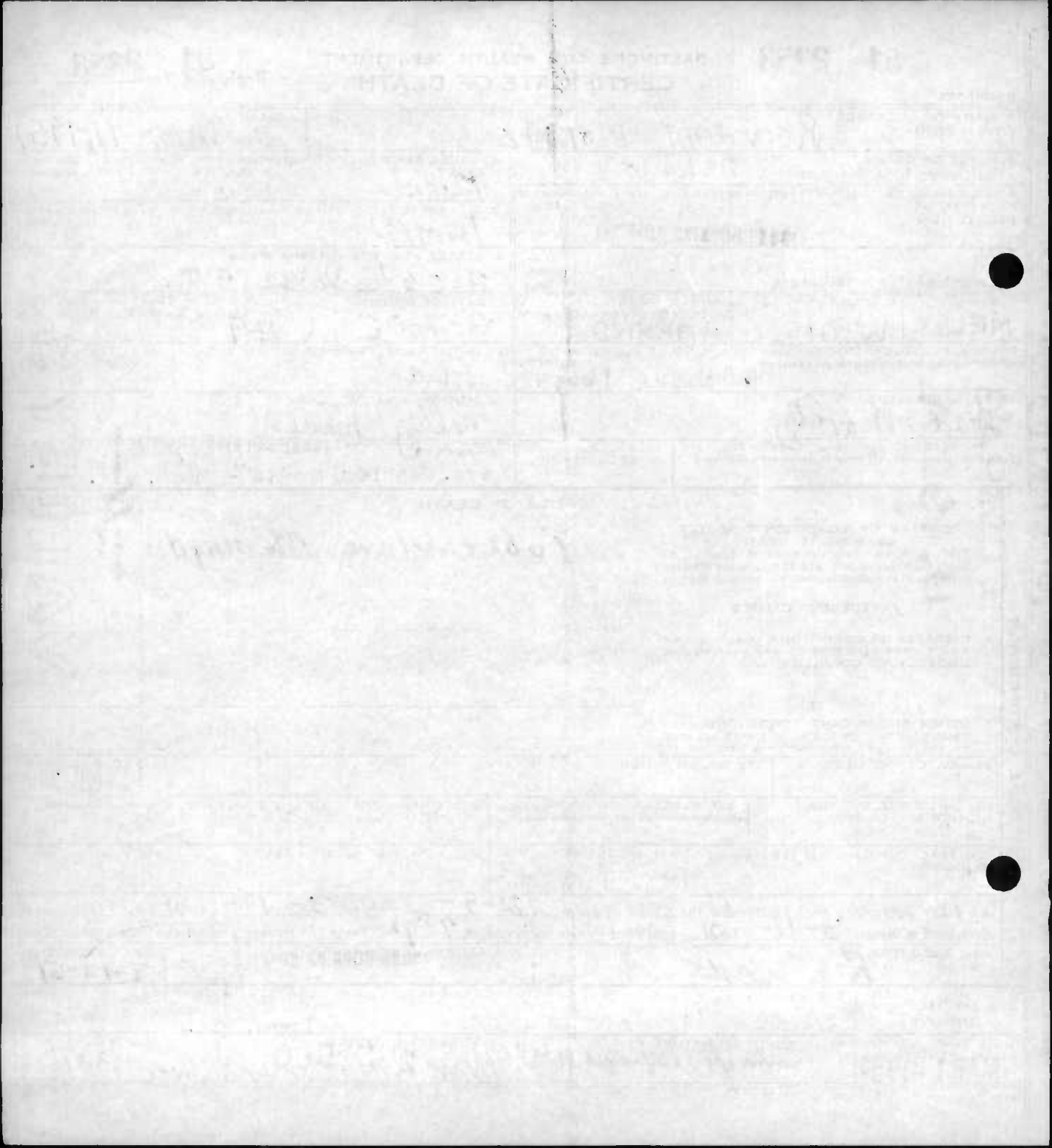
REGISTRAR'S SIGNATURE

Wm. J. Dickner, M.D.

25. FUNERAL DIRECTOR

Wm. J. Dickner & Son - Baltov

ADDRESS



525
51 2354BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2354

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Johnson

2. DATE
OF
DEATH

March 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

00 2464 Brentwood ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

12-03

D. STREET ADDRESS (If rural, give location)

2464 Brentwood ave

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

June 11, 1872

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Owens

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter Johnson 2464 Brentwood ave

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Gangrene, rt foot

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Diabetes mellitus

10 yrs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5/1950 to 3/10/1951, that I last saw the
deceased alive on 3/3/1951, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Maurice Friedman M. D.

1737 E. North Ave

3/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-13-51

Mt Calvary

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1951

Cuthbertson Williams, Jr.

Geo. S. Nelson

1303 Presstman

1737 G, northw.

250
51 2355BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2355
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Goldie Jackson.

2. DATE
OF
DEATH

March 9, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

919 Bevan St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 23-01

D. STREET ADDRESS (If rural, give location)

919 Bevan St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4, 1907 43

9. AGE (In years

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elijah Jackson.

14. MOTHER'S MAIDEN NAME

Mary E. Belle.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Jackson. 1039 Church St. Norfolk, Va.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart Disease
Cerebral Vascular Accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Rupture Cerebral Vessels

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar - 1st, 1951, to _____, 19____, that I last saw the deceased alive on Mar - 1st, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. L. Weaver

M. D.

23B. ADDRESS

834 - S. Sharp St.

23C. DATE SIGNED

3-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arboretus Memorial

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 13 1951

VS 150

25. FUNERAL DIRECTOR

Mrs. L. Williams

ADDRESS

322 N. Schroeder St.

7206A

2352

93D

1875

1875

March 1875

John D. Brown

John D. Brown

John D. Brown



John D. Brown

John D. Brown

John D. Brown

John D. Brown

John D. Brown

1875

1875



51 2356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2356

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SISTER HONORIA RUDER

2. DATE
OF
DEATH

MARCH 11 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland YES

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST AGNES HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1000 CATON AVENUE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

RELIGIOUS

8. DATE OF BIRTH

Dec. 25, 1887

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: Days: Hours: Min.

2

14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

UTICA NEW YORK

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

FERDINAND

14. MOTHER'S MAIDEN NAME

CATHERINE WEBER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ST AGNES HOSPITAL - BALTIMORE MD

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) METASTATIC CARCINOMA

DUE TO LEFT BREAST TO LUNG -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the
deceased alive on 3/11, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/14/51

Cathedral

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1951

Martin Fahy & Sons 401 Suffolk Rd.

10/10/1941

10/10/1941

10/10/1941

10/10/1941

10/10/1941

10/10/1941

51 2357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Zenobia W. Cole

2. DATE
OF
DEATH

March 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1349 West 42nd Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1349 West 42nd Street

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 20, 1868

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

82 years

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Brooklyn, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Mallonee

14. MOTHER'S MAIDEN NAME

Henrietta Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gladys Dean, 1744 East 25th Street

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio Vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 mo.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 1, 1951, to March 12, 1951, that I last saw the
deceased alive on March 10, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob Fisher

M. O.

23B. ADDRESS

1823 N. Washington St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

(State)

Anne Arundel County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

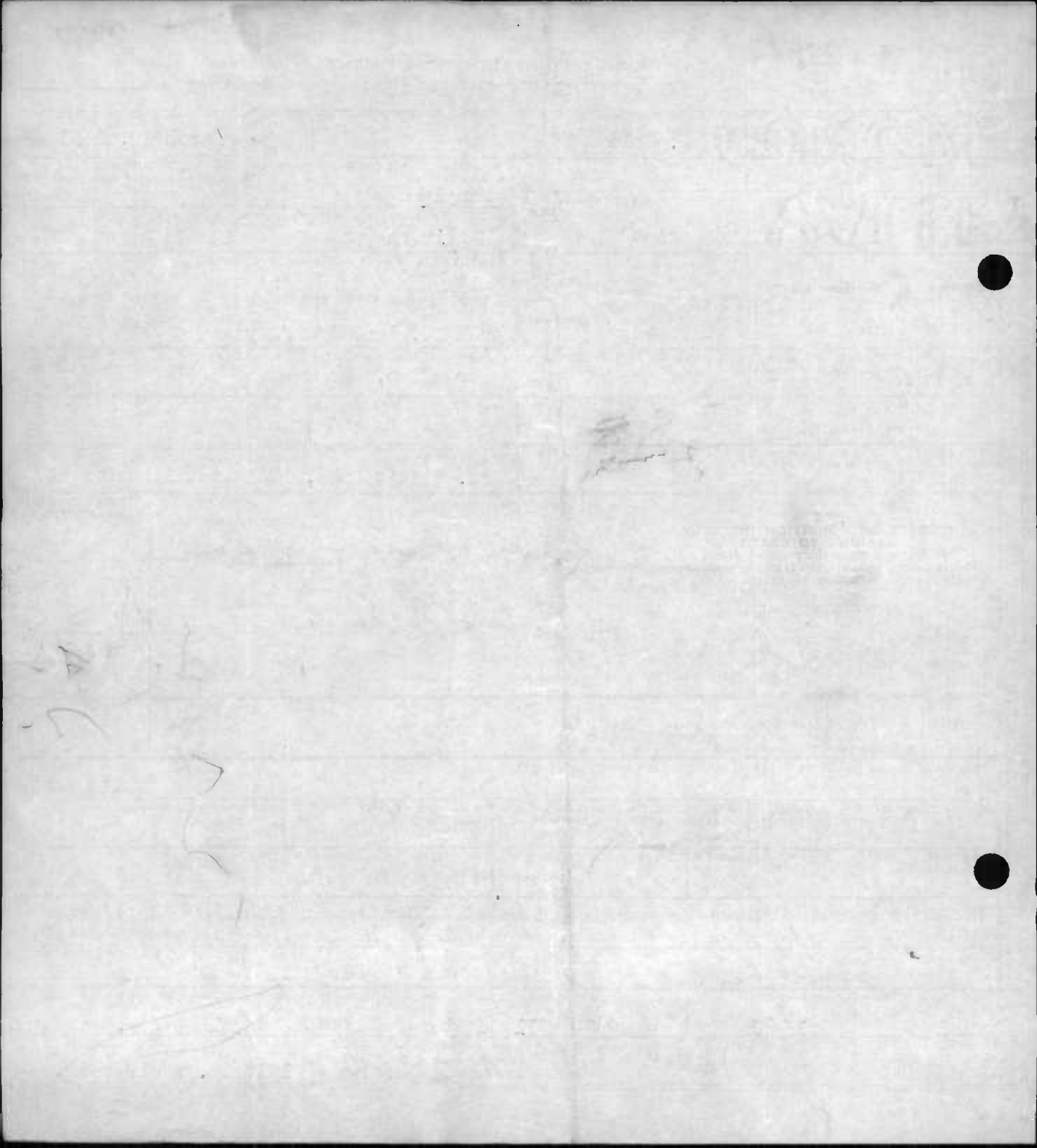
25. FUNERAL DIRECTOR

ADDRESS

MARCH 13 1951

Wm. Cook, Inc.

1217 St. Paul Street



200

51 2258

YEAGY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 2258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Horace John Yeagy

2. DATE
OF
DEATH

3-12-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-07

D. STREET ADDRESS (If rural, give location)

1537 Abbotts St.

9-08

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-3-1886

9. AGE (In years last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George Yeagy

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Martha Bashore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

717-07-7905

17. INFORMANT

ADDRESS

Kate E. Yeagy, 1537 Abbotts St.

18.

163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF LUNG

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Syphilis (Positive STS)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3-3-57, 19, to 3-12, 1957 that I last saw the deceased alive on 3-12, 1957. and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-12-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/15/57

Parkwood

Parkville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

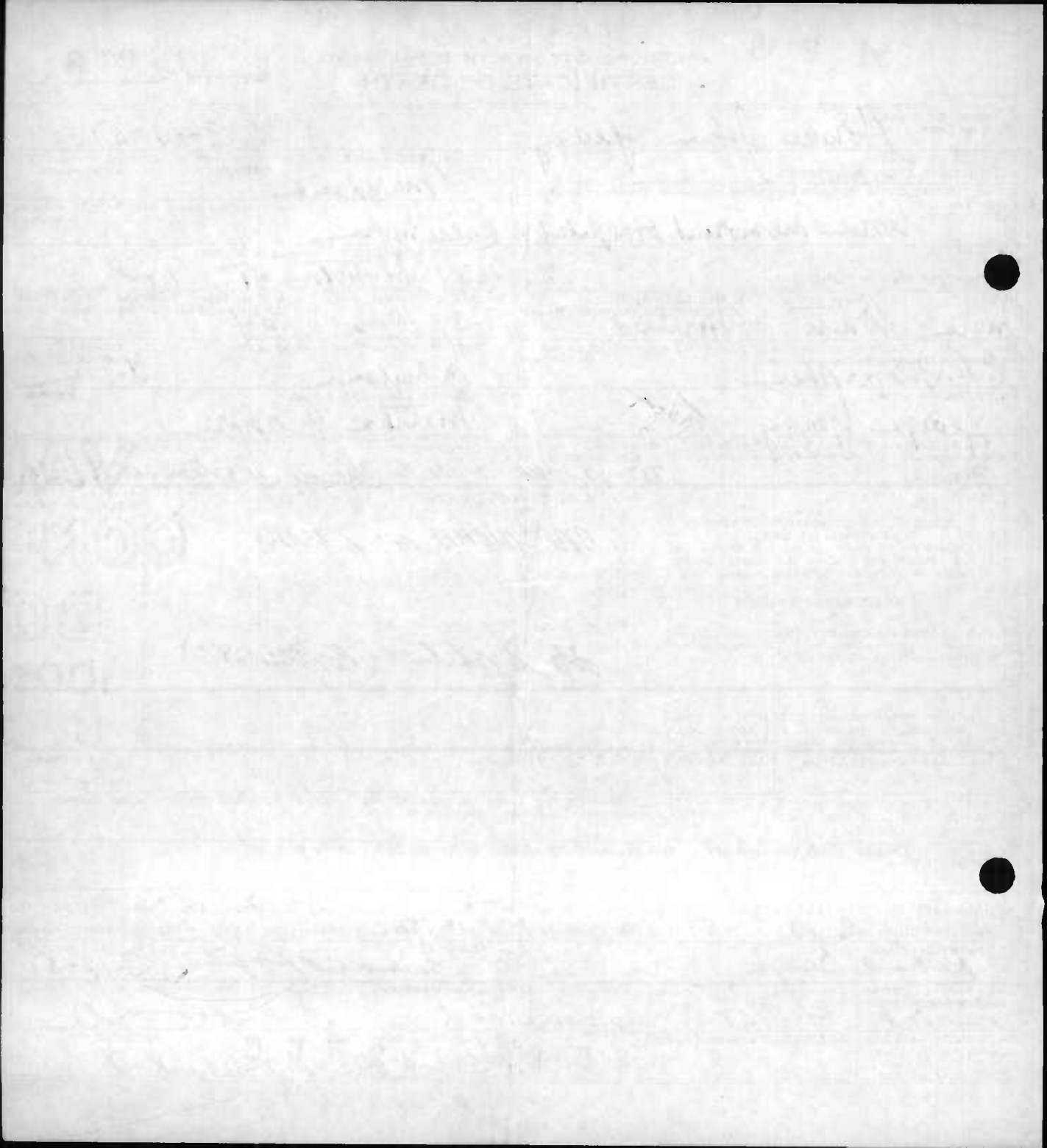
25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1957

1957

BOK INC. 1217 St. Paul St.



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM HENRY THOMAS

2. DATE
OF
DEATH

March 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR US Marine Hospital
INSTITUTION Wyman Pk. Drive & 31st St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

2413A N. Calvert Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

6/3/ 1866

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Electrical engineer10B. KIND OF BUSINESS OR
INDUSTRY
Md. Trust Co.11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

William Thomas

14. MOTHER'S MAIDEN NAME

Susan Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial infarction, old, due to
DUE TO coronary sclerosis.

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 28, 1951, to Mar. 11, 1951, that I last saw the
deceased alive on Mar. 11, 1951, and that death occurred at 6:10 P. M., from the causes and on the date stated above.23A. SIGNATURE
Roger L. Black, SA Surgeon (R)

M. D.

23B. ADDRESS
US Marine Hospital, Balto, Md.23C. DATE SIGNED
3/12/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/15/51

Cedar Hill

U. S. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

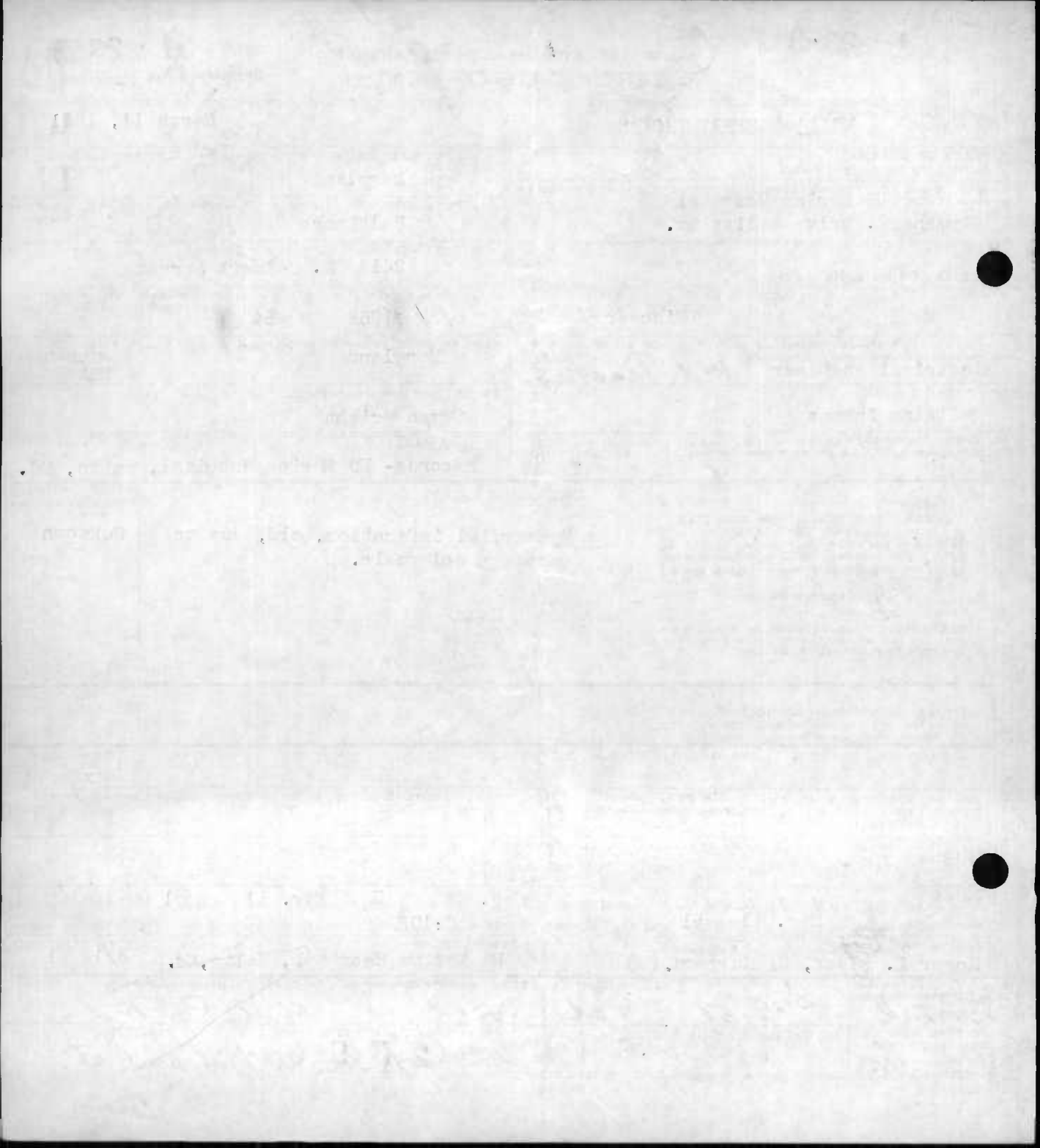
MAR 13 1951

VS 150

6217 St. Paul St.

942

MEDICAL CERTIFICATION



632
51 2360BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 2360

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Margaret A. Boritz*2. DATE
OF
DEATH*3/11/51 7:30 P.M.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*1705 Barclay St.*Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1705 Barclay St. 1205

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Female**White**Widowed*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Housewife**Own Home*

13. FATHER'S NAME

Henry Christ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

5/19/1863

9. AGE (In years last birthday)

87

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Helena Schaefer

17. INFORMANT

ADDRESS

*Melba C. Sutton 2319 N. Ebas. St.*18. *4221*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

*Bronchial pneumonia**5 days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

*Arterio-sclerotic disease**no years*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *March 7*, 1951, to *March 11*, 1951, that I last saw the deceased alive on *March 10*, 1951, and that death occurred at *7:20 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Friedman

M. D.

*404 E. North Ave.**3-11-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3/14/51**Woodlawn**Woodlawn Md*

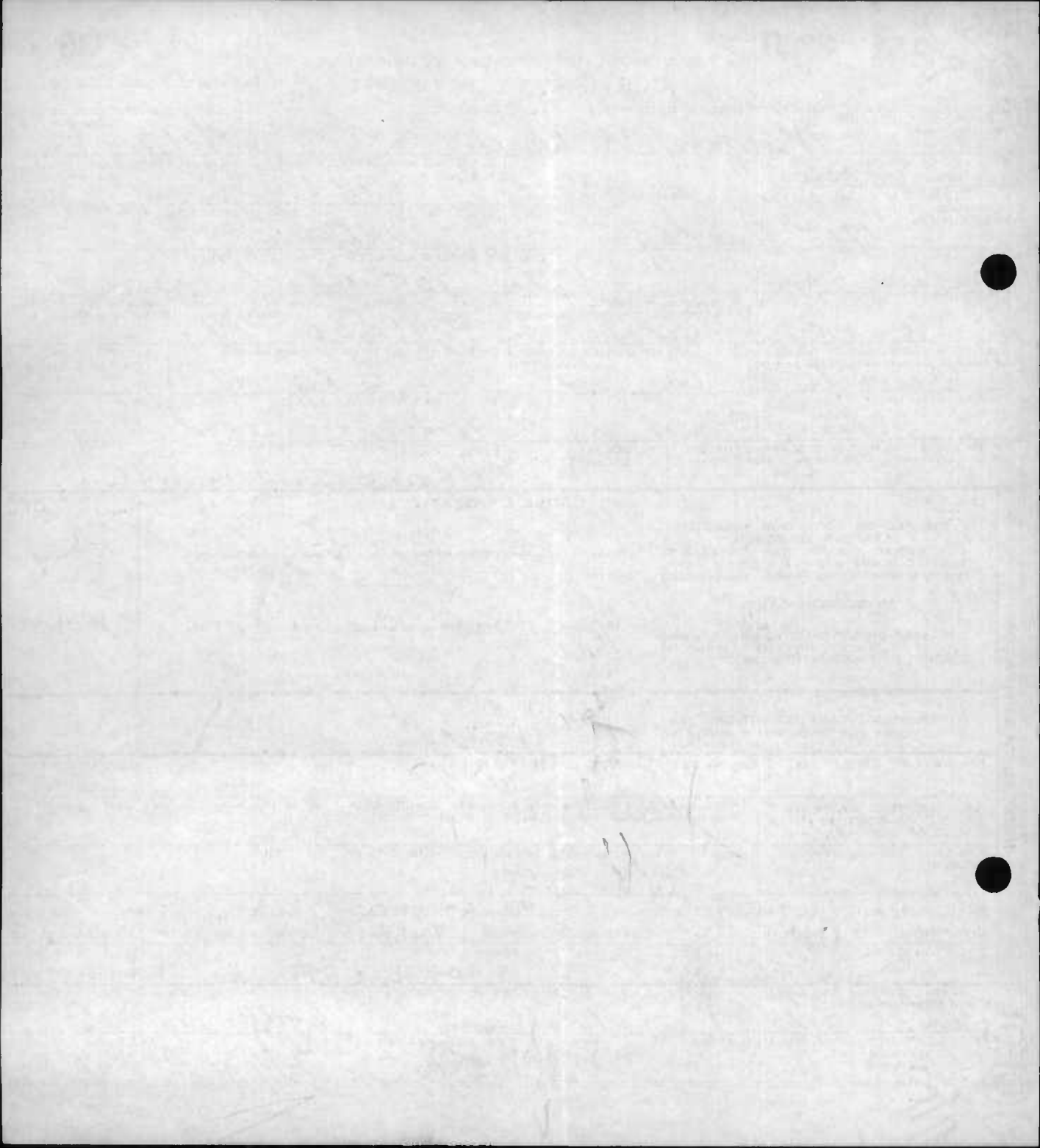
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 21 1951**Wm. C. C. Inc.**1217 St. Paul St.*



51 2361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2361
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie M. Carey

2. DATE
OF
DEATH

3/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1926 Penrose Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1926 Penrose Ave 20-01

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 27, 1895

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony Braglio

14. MOTHER'S MAIDEN NAME

Marie?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jesse H. Benton - 1926 Penrose Ave

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. Phillips

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickard & Sons

Baltimore Md

51 2362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2362

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CASPER ROBERT BERG

2. DATE
OF
DEATH

3-12-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

Yrs.
Mos.
Days

length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Immigration Chief Examiner

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Gov't.

13. FATHER'S NAME

Ole Berg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL SECURITY NO.

no

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

290. Oaklee Village

8. DATE OF BIRTH

Feb. 26, 1898

9. AGE (in years last birthday)

52

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Gundhild Mark

17. INFORMANT

Mrs. C. E. Berg - Apt. #290 Oaklee Vil-

ADDRESS

CAUSE OF DEATH

18. 541.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

General Peritonitis

DUE TO

(B)

Perforated Duodenal Ulcer

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

4 days

4 days

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Recent myocardial infarct - left ventricular posterior

19A. DATE OF OPERATION

3/8/51

19B. MAJOR FINDINGS OF OPERATION

Perforated Duodenal ulcer - closed

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1951, to 3/12, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 3:34 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm Conway

M. D.

23B. ADDRESS

St Agnes Hosp, Balt 29

23C. DATE SIGNED

3/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/14/51

24C. NAME OF CEMETERY OR CREMATORY

Forest Hill Cem.

24D. LOCATION (City, town, or county)

Chippawa Falls, Wisc.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 1951

Wm Conway, M.D., 2109 E. 1st St., Baltimore, Md.

1911-12

1911-12

General Statement
of the
Department of the Interior

General Statement
of the
Department of the Interior

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

200

51 2263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2263

Registered No.

BIRTH NO. 51-03689

1. NAME OF DECEASED
(Type or Print)

Margaret Ann Hicks

2. DATE
OF
DEATH

3-11-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

119 W. Montgomery St

Yrs.
Mos.
Days

119 W. Montgomery St

length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

2/15/1951

9. AGE (In years
last birthday)10. Under 1 Year
Months Days

25

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto City

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hicks

14. MOTHER'S MAIDEN NAME

Cora Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cora Mitchell 119 W. Montgomery St

18. 763.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Brown

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

3-11-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1957

3-11-47

Blackfoot from Hinds

Inventory Inventory

Inventory

William H. H. H.

51 2364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES ROBERTS

2. DATE
OF
DEATH

3-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

506 N. PEARL ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 1.

D. STREET ADDRESS (If rural, give location)

506 PEARL ST.

17-01

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1894

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES ROBERTS

14. MOTHER'S MAIDEN NAME

MARY JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WALTER JOHNSON - 1120 HARLEM AVE.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Antemortem Heart Disease?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/12/50, 19, to 2/11/51, that I last saw the
deceased alive on 2/11/51, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3-14-51

MT. AUBURN

BALTIMORE 30.

DATE RECEIVED BY
LOCAL REGISTRAR

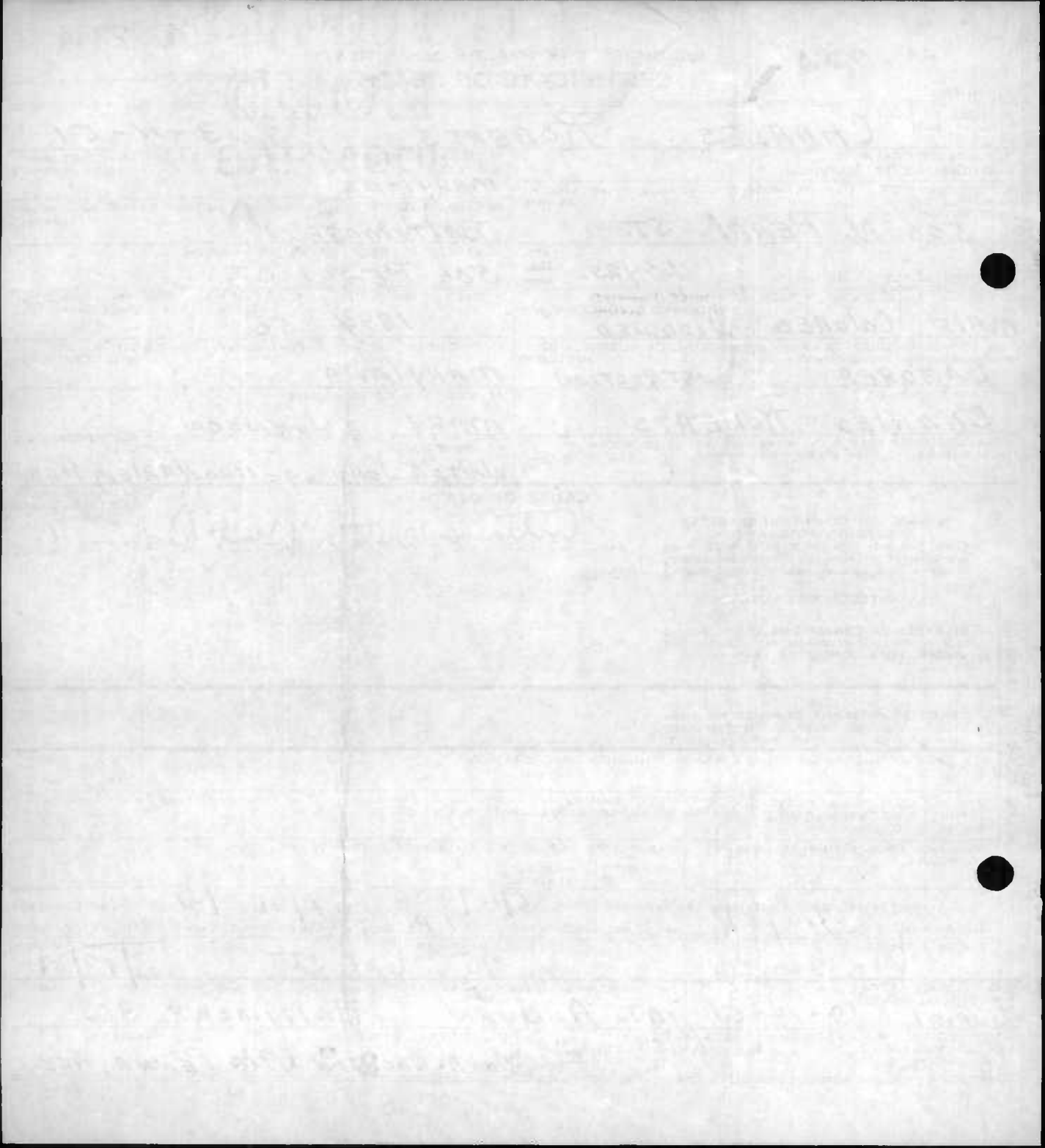
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1951

Wm. A. JACKSON 6916 PENNA. AVE.



51 2365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2365

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE ELIZABETH HOHMAN

2. DATE
OF
DEATH 3-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

803 Melville Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-19-85

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

A. Harman Achone

14. MOTHER'S MAIDEN NAME

Mary A. Hohmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Casper Hohman - same address.

18. 011X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Tuberculosis Peritonitis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension. Ess.

DUE TO

(C)

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-, 1951, to 3-10-, 1951 that I last saw the
deceased alive on 3-10-, 1951, and that death occurred at 9:35pm., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Rodriguez

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

3-10-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-15-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

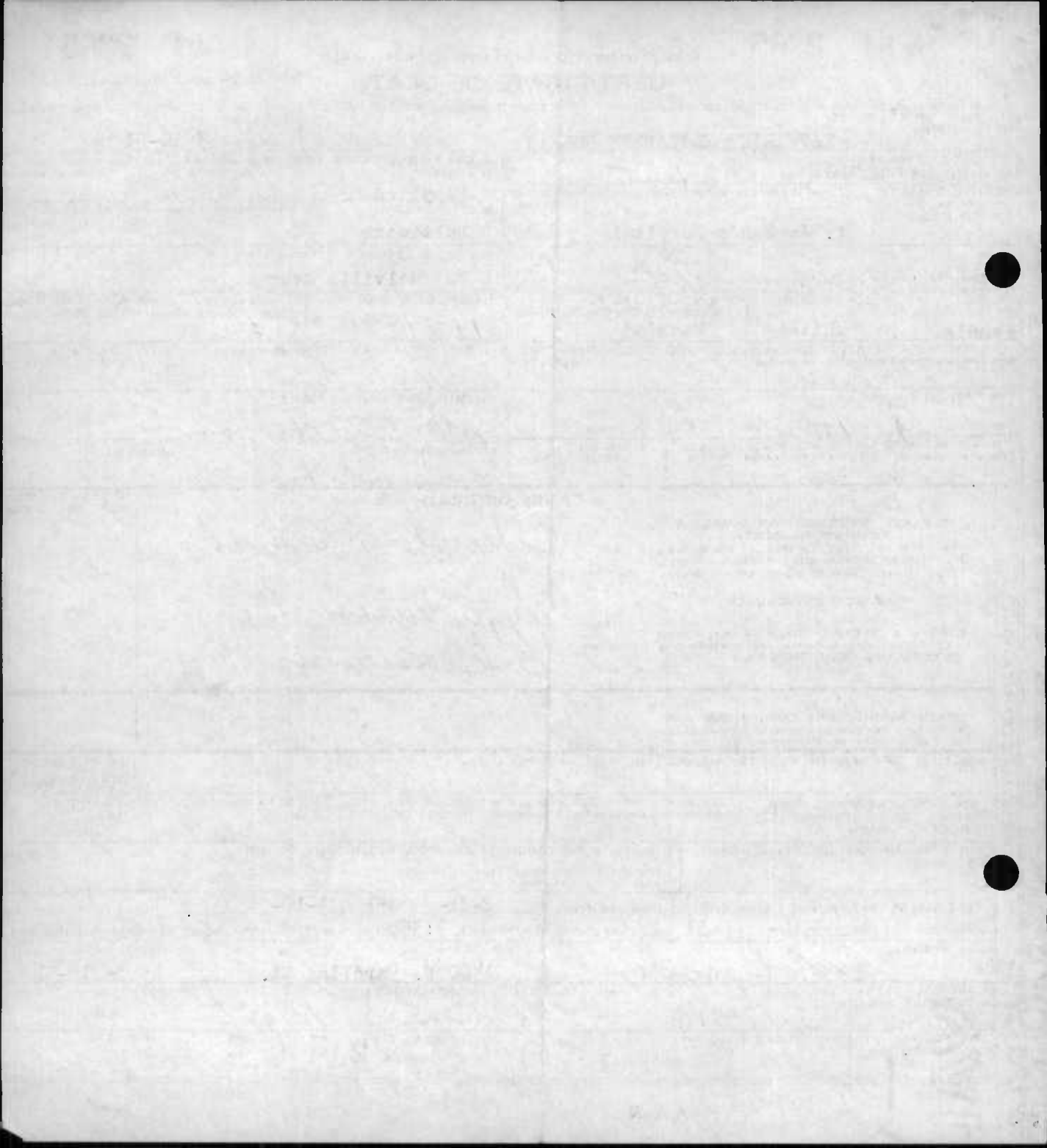
REGISTRAR'S SIGNATURE

Dr. Rodriguez

25. FUNERAL DIRECTOR

Lily Green - 403 S. North St

ADDRESS



524

51 2366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2366

Registered No.

BIRTH NO. 4-61097

1. NAME OF DECEASED (Type or Print) SUSAN CAROL INSLEY			2. DATE OF DEATH 3/12/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore 4 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2701 NO. CHARLES STREET 12-06		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH NOVEMBER 4, 1946		9. AGE (In years last birthday) 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN WEBB INSLEY			14. MOTHER'S MAIDEN NAME ELIZABETH WOOD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS PARENTS 2701 NO. CHARLES STREET		

18. 193X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) CARCINOMA OF BRAIN (MIDBRAIN AREA) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
		(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JANUARY 2, 1951**, to **MARCH 12, 1951**, that I last saw the deceased alive on **MARCH 12, 1951**, and that death occurred at **5:35 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Richard Beach	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 3-12-51
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Mar 15 1951	24C. NAME OF CEMETERY OR CREMATORY Linwood Ridge	24D. LOCATION (City, town, or county) (State) Chesterville Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 1951	REGISTRAR'S SIGNATURE Richard Beach	25. FUNERAL DIRECTOR Richard Beach	ADDRESS 2234 76th Ave

1911

2000

51 2367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2367

Registered No.

BIRTH NO.

D. 6001

1. NAME OF DECEASED
(Type or Print)

Mrs. Catherine Elizabeth Dwyer

2. DATE
OF
DEATH

March 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Daniel N. McCarty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5805 Falls Road

27-13

8. DATE OF BIRTH

August 14, 1878

9. AGE (In years
last birthday)

72

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

Margaret Lauterbach

17. INFORMANT

Miss Mary A. McCarty 5805 Falls Road

ADDRESS

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral haemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C-V-Dis.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2-3 hrs.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Mar 1950, to Mar 12, 1951, that I last saw the
deceased alive on Mar 12, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 15, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

937

VS 150

WATNEY
CERTIFICATE OF DEATH

Mr. Washington Washington

Residence

St. Joseph's Hospital

Age 45 years

August 1, 1917

Death

U.S.A.

Married

Married (Lawrence)

Dr. J. H. H. H.

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

1000 1000 1000 1000

Signature

Home Office

March 22, 1917

Dr. J. H. H.

1000 1000 1000 1000

1000 1000 1000 1000

51 2368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2368

BIRTH NO.

9 65-6

1. NAME OF DECEASED
(Type or Print)

Emily Dallam Germershausen

2. DATE
OF
DEATH

3/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3962 Falls Rd # 11 13-08

Length of stay in Baltimore

82 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

11-18-68

9. AGE (in years
last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steamfitter Secondary Retired 37 years

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles F. Dallam

14. MOTHER'S MAIDEN NAME

Emily S. Heister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Dallam Allen 4412 Clydesdale
Avenue #11

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterior coronary occlusion

app. 2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic heart disease
arteriosclerotic cardiovascular disease
(C) Diabetes mellitusunknown
unknown
unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypostatic pneumonia

known
8 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 3-4, 1951 to 3-12, 1951 that I last saw the
deceased alive on 3/12, 1951 and that death occurred at 10:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Marguerite Louise Landers, M.D., General Hospital 3/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1951

March 16-1951 Green Mount Baltimore, Maryland

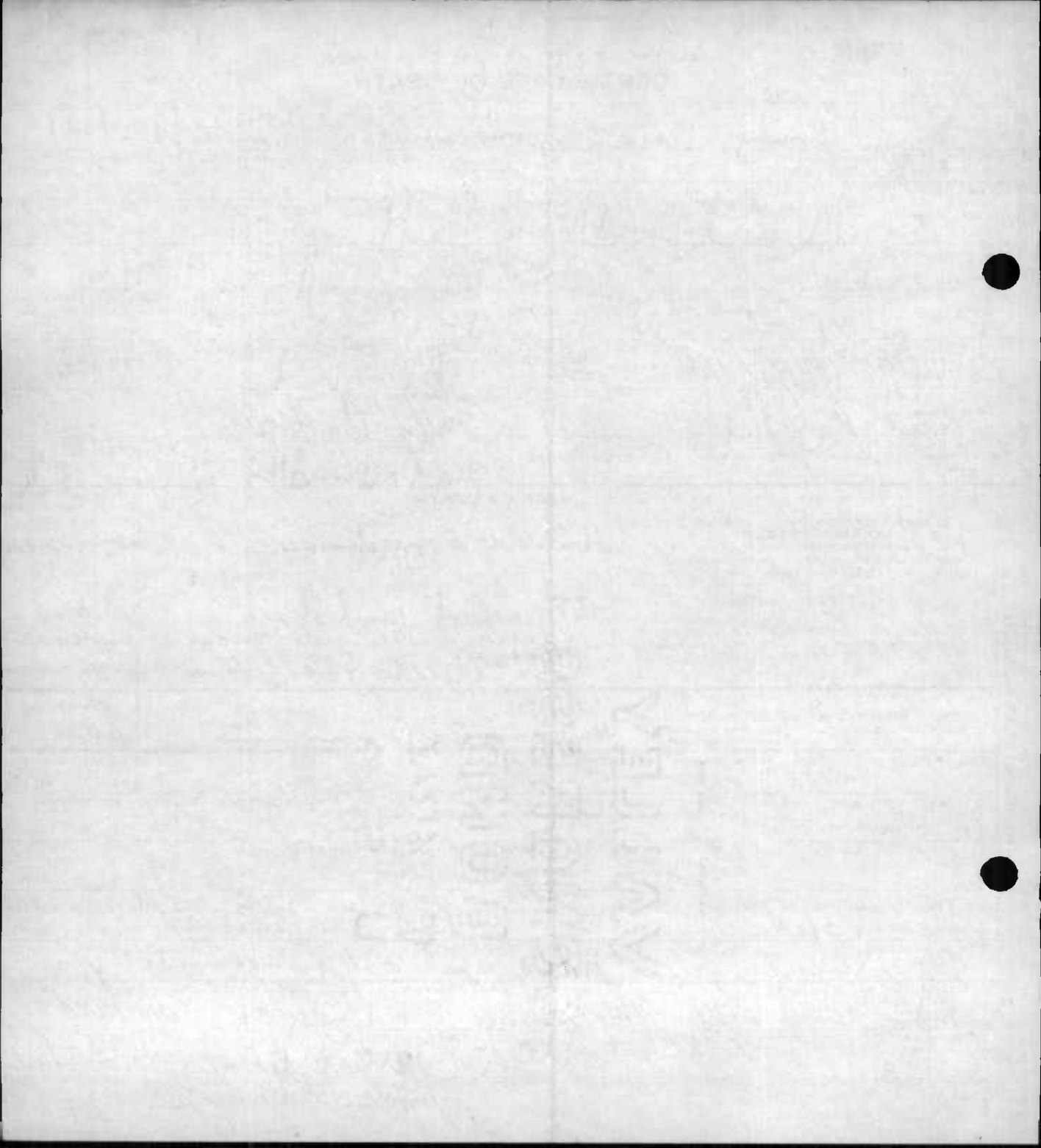
Burge Funeral Home 3631 Falls Road

Horace F. Burge

VS 150

61

MEDICAL CERTIFICATION



51 2389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2389
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA JOHNSON

2. DATE
OF
DEATH

3-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

817 N. Gilmore St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

817 N. Gilmore St

C. Length of stay in Baltimore

18

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 4222

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocarditis

5 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 9-16, 1946, to 3-11, 1951, that I last saw the
deceased alive on 3-10, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

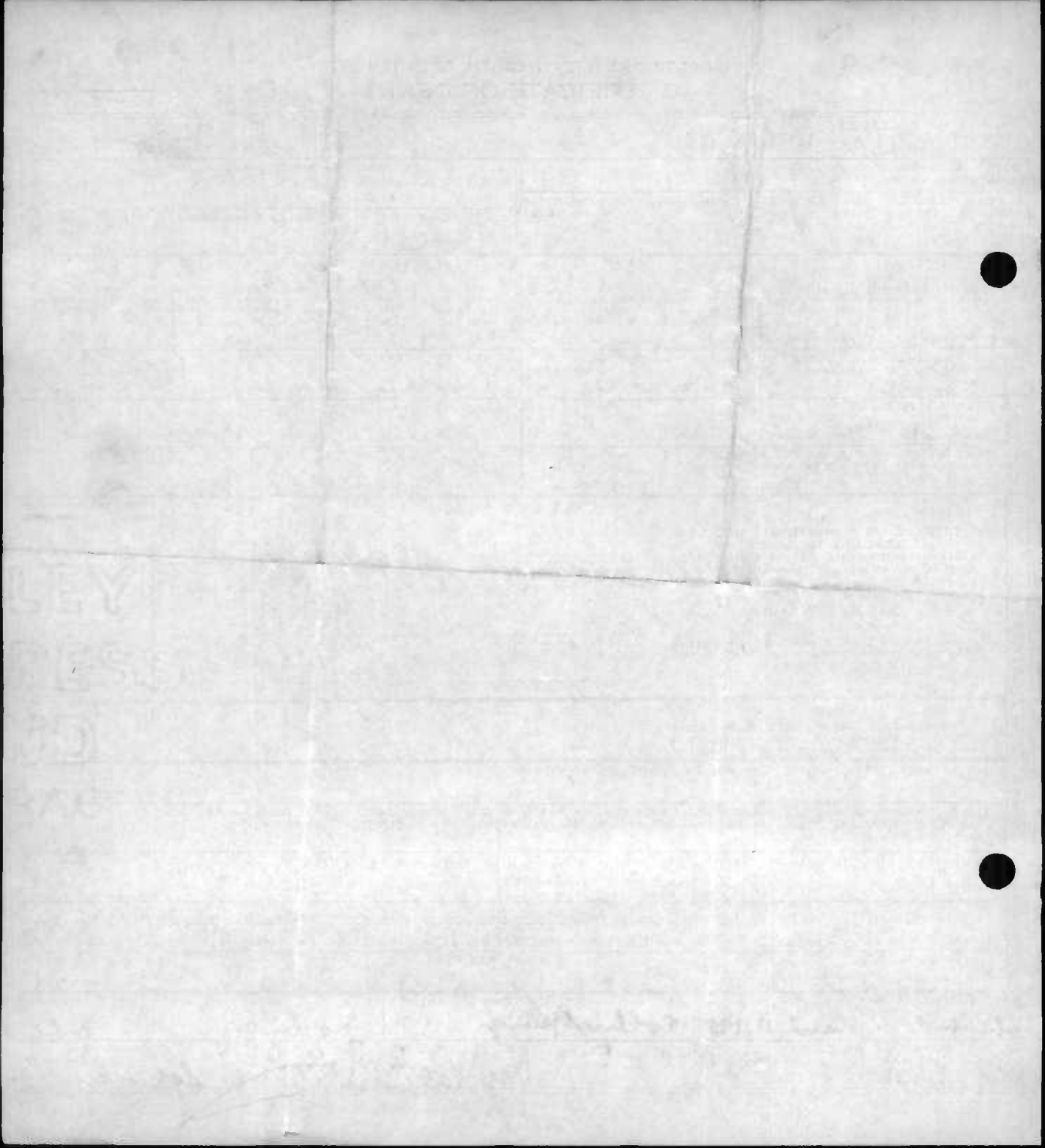
Shipped
DATE RECEIVED BY
LOCAL REGISTRARMarch 13, 1951
REGISTRAR'S SIGNATUREMrs. Katie R. Williams
25. FUNERAL DIRECTOR
ADDRESS

VS 150

720FA

93E

MEDICAL CERTIFICATION



B.C. 51-05805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2370
Registered No.

BIRTH NO.

2370

F-630

1. NAME OF DECEASED (Type or Print) Baby Boy Ford		2. DATE OF DEATH March 11, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Baltimore, Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 15-13	
D. STREET ADDRESS (If rural, give location) 4370 Park Hts. Ave.		E. DATE OF BIRTH March 10, 1951	
F. SEX MALE		G. AGE (in years last birthday) 1 day	
H. COLOR OR RACE White		I. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	
J. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		K. KIND OF BUSINESS OR INDUSTRY Infant	
L. FATHER'S NAME William S. Ford		M. BIRTHPLACE (State or foreign country) Baltimore, Md.	
N. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		O. CITIZEN OF WHAT COUNTRY? US	
P. SOCIAL SECURITY NO.		Q. MOTHER'S MAIDEN NAME Frances Jordan	
R. INFORMANT Mother (above)		S. ADDRESS SAME	

18. **760.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **INTRA CRANIAL Hemorrhage 1 day**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **March 10, 1951**, to **March 11, 1951**, that I last saw the deceased alive on **March 11, 1951**, and that death occurred at **11:55 PM.**, from the causes and on the date stated above.

23A. SIGNATURE **M. E. Matthews**

M. D.

23B. ADDRESS **Mercy Hospital**23C. DATE SIGNED **March 12, 1951**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**24B. DATE **3/13/51**24C. NAME OF CEMETERY OR CREMATORY **Cathedral Cem.**24D. LOCATION (City, town, or county) **Baltimore, Md.**

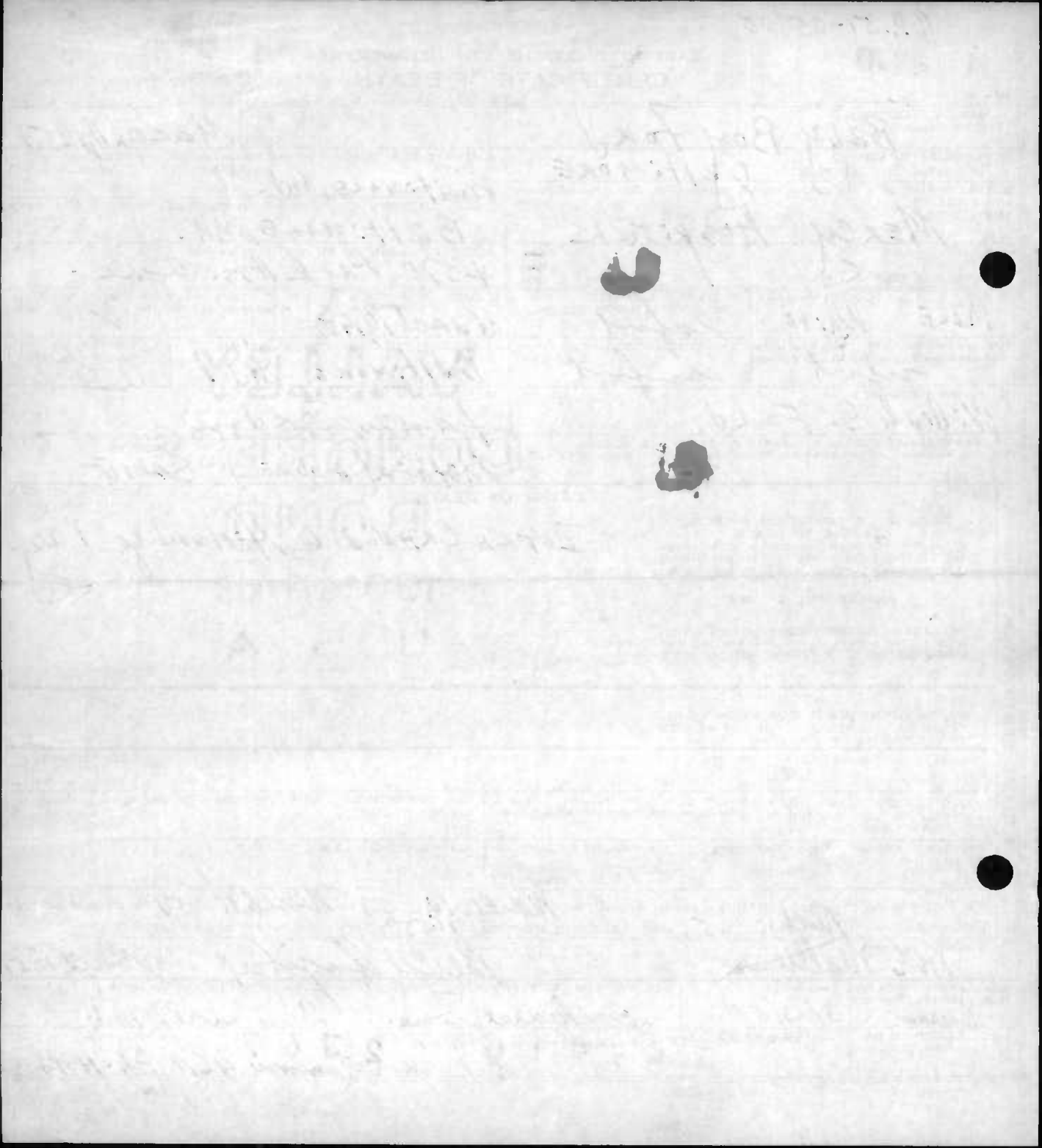
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **S. Vernon Lemmon**

25. FUNERAL DIRECTOR

ADDRESS **4611 Park Hts. Ave.**



51 2371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2371

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha E. Baker,

2. DATE
OF
DEATH

March 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5009 Elmer Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

5009 Elmer Ave., 27-18

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 1, 1864

9. AGE (In years
last birthday)

86

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Matron (Supt.)

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Police Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore,

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

(first name unknown)

Downs.

14. MOTHER'S MAIDEN NAME

Laura Jennings,

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Harry A. Close, 5009 Elmer Ave.,

18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Cardiac Failure

1 da

Hypertensive

Acute Cardiovascular Disease

10 yr

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1944, to Mar. 11, 1951, that I last saw the
deceased alive on Mar. 11, 1951, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Mar. 14, 1951

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MAR 14 1951

Vernon Lemmon, 4611 Park Heights Ave.

937

MEDICAL CERTIFICATION

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51 2372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2372
Registered No.

BIRTH NO.

M242

1. NAME OF DECEASED
(Type or Print)

William McCloskey

2. DATE
OF
DEATH

3/12/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mary Hospital

53 Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE (MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lithograph roller maker

10B. KIND OF BUSINESS OR
INDUSTRY

PRINTING

13. FATHER'S NAME

William Charles McCloskey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

unknown

16. SOCIAL
SECURITY NO.

unknown

8. DATE OF BIRTH

4/24/1899

9. AGE (In years
last birthday)

52

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Catherine Linchack

17. INFORMANT

ADDRESS

Ave.

Mrs Mary McCloskey 3509 Chestnut Ave.

18. 570.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

6 days

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Lower Nephritic Nephrosis
and/or
(C) prolonged shockOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Intestinal obstruction
type undetermined

7 days

19A. DATE OF OPERATION

2/22/51

19B. MAJOR FINDINGS OF OPERATION

Catalyzed inflammation of gastric mucosa

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/17, 1951, to 3/12, 1951, that I last saw the
deceased alive on 3/12, 1951, and that death occurred at 3 Am., from the causes and on the date stated above.

23A. SIGNATURE

Frank S. Kuehn

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

3/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Hope Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

51 2372

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.

DO NOT COPY ON ANY TRANSCRIPT
(for statistical purposes only)

Dr. Silverman, Director Tbc. Bureau of the B C H D
spoke with Dr. Kuhn ... "The patient was operated upon
for suspected ulcer, but findings were catarrhal inflammation
of gastric mucosa. There was twisting of intestine following
operation which in turn let to obstruction followed by
nephron nephrosis, uremia. Autopsy disallowed."

3/14/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

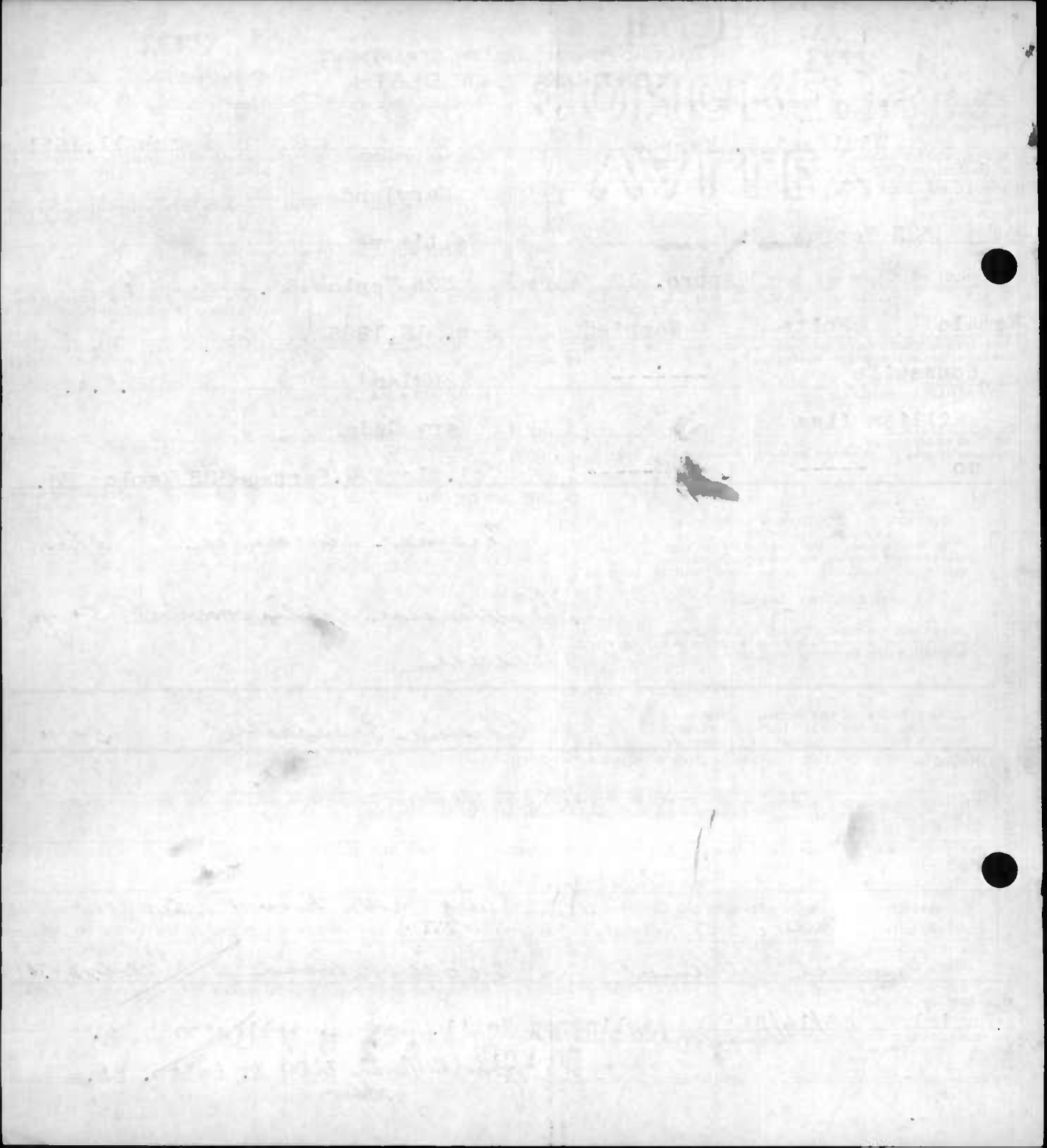
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Winifred S. Ferree			2. DATE OF DEATH March 11, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 325 Taplow Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE Approx. 17 Years			E. STREET ADDRESS (If rural, give location) 325 Taplow Rd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19, 1935		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Iles			14. MOTHER'S MAIDEN NAME Mary Cady		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS Col. Floyd W. Ferree 325 Taplow Rd.		

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage			CAUSE OF DEATH Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease			(A) DUE TO			(B) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Bronchitis			(C) DUE TO			(D) DUE TO		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug. 1946 to Mar 11, 1951 , that I last saw the deceased alive on Mar 11, 1951 and that death occurred at 2:55 P.m. , from the causes and on the date stated above.								
23A. SIGNATURE Frederick J. Vollmer			23B. ADDRESS 6100 York Road			23C. DATE SIGNED Mar 13, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/14/51			24C. NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cem.		
24D. LOCATION (City, town, or county) Arlington Va.			24E. FUNERAL DIRECTOR John A. Moran			24F. ADDRESS 3000 E. Balto. St.		



W-426
51 2274BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2274
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM FRANCIS (WILKERSON)			2. DATE OF DEATH MARCH 12, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hosp			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 138 N. Luzerne Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1, 1896	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Wilkinson			14. MOTHER'S MAIDEN NAME Katherine Roach		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. 212-07-3231	17. INFORMANT Miss Sarah Wilkinson		
			ADDRESS 138 N. Luzerne Ave.		

CAUSE OF DEATH

18. **490X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **LOBAR PNEUMONIA**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

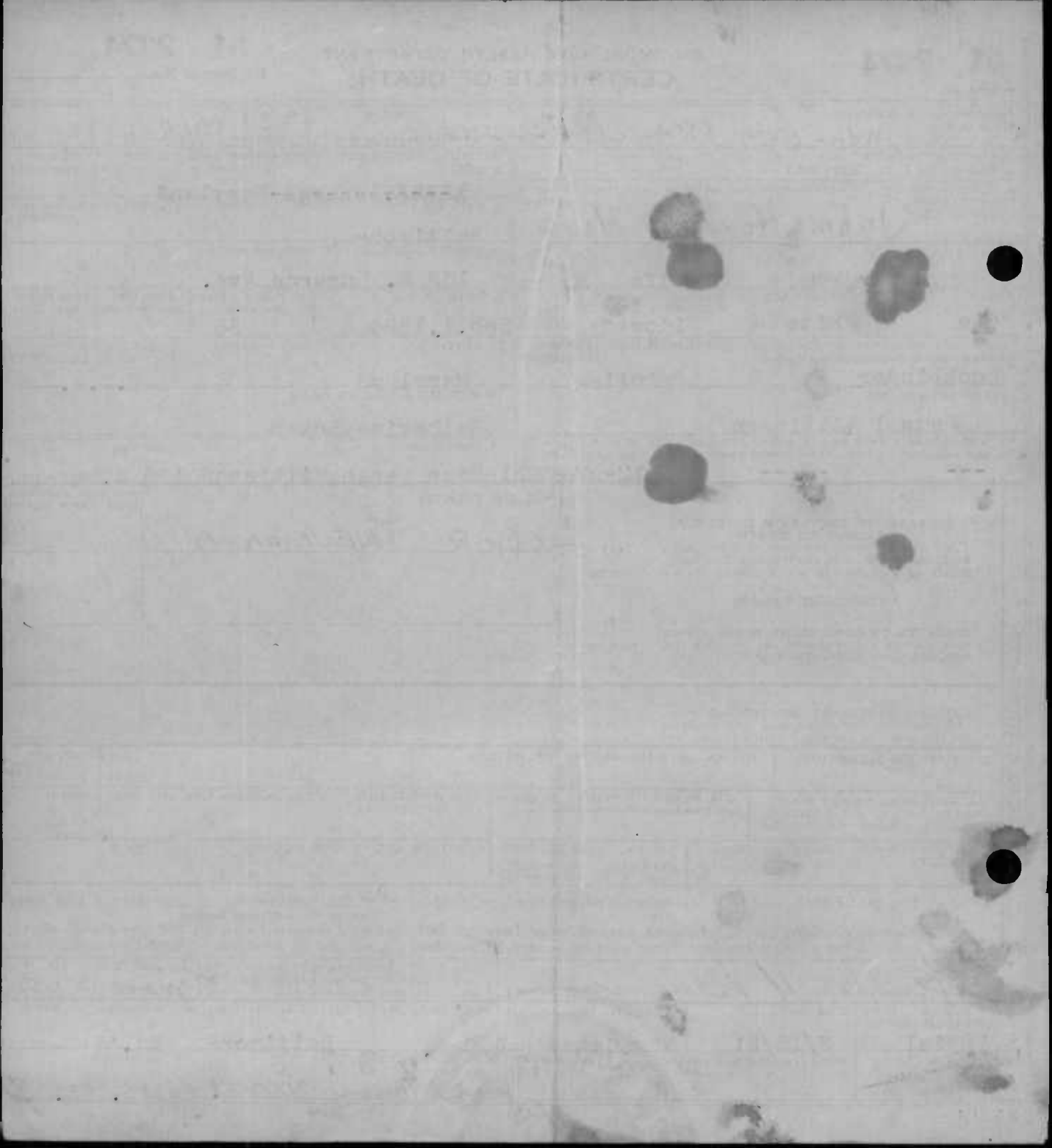
(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE Stanley H. Dineacher		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED March 12, 1951	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/15/51	24c. NAME OF CEMETERY OR CREMATORY New Cathedral Com.	24d. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1951	REGISTRAR'S SIGNATURE John A. Moran	FURNERAL DIRECTOR 3000 E. Balto. St.	



51 2375

HERBERSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2375

Registered No.

BIRTH NO.

H-616

1. NAME OF DECEASED
(Type or Print)

Ella Irene

Herbertson

2. DATE
OF
DEATHMARCH 12
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 600 S. Chesapeake

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR PINECREST SANATARIUM location)
INSTITUTION 604. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE Maryland B. COUNTY HowardC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
SavageD. STREET ADDRESS (If rural, give location)
6300

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 3, 1883

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Name

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bernard Herbertson, Savage Md

18. 4700

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CHRONIC MYOCARDITIS AND
DUE TO MYOCARDIAL DEGENERATION

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart
Disease

(C) Generalized Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 3, 1951, to March 12, 1951, that I last saw the
deceased alive on March 11, 1951, and that death occurred at 5:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Boden

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

3/12/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar 14, 1951

Lyn Hill

Savage, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

The W. H. Donaldson, Savage Md

VS 156 1951

93D

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE CORRECTED

9-13-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IVY HUBBARD

2. DATE
OF
DEATH

Mar 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

03L-3

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JONES HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Harrell

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

UNION BRIDGE

D. STREET ADDRESS (If rural, give location)

5600

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

7-25-09

9. AGE (In years last birthday)

41

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clothing factory seamstress

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Walter Johnson

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Clara Barnhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

not known

16. SOCIAL SECURITY NO.

not known

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Hodgkin's Disease.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30-1951, to 3-13-1951, that I last saw the deceased alive on 3-13-1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel A. Baroudess, M.D.

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

3/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/51

24C. NAME OF CEMETERY OR CREMATORY

Haughs Cem. Ladiesburg

24D. LOCATION (City, town, or county) (State)

Frederick County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MARY J. STONE

25. FUNERAL DIRECTOR

W. W. Hershert & Sons

ADDRESS

44 B

690 4G Union Bridge New Kent County, Md.

correct age is especially important. Physicians: please enter the cause of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1281

1281

DATE

TIME

PLACE OF BIRTH

PLACE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

PERIOD OF ILLNESS

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

51 2377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2377

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Gus Armiger		2. DATE OF DEATH March 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore 1126 S. Charles St. Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1126 S. Charles St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 23-01	
D. LENGTH OF STAY IN BALTIMORE 40 years		D. STREET ADDRESS (If rural, give location) 1126 S. Charles St. Balto. 30	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 17, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tugboat Capt.		10B. KIND OF BUSINESS OR INDUSTRY Tugboat Boss	9. AGE (In years last birthday) 64 yrs
11. BIRTHPLACE (State or foreign country) Somerset County Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joseph Armiger		14. MOTHER'S MAIDEN NAME Irving Armiger-son	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 213-10-6151	
17. INFORMANT Irving Armiger-son		ADDRESS 1126 S. Charles St.	

18. **162x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) DUE TO

Bronchiogenic Carcinoma

(B) DUE TO

Cachexia

(C)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

6 months
1 month

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **January, 1951** to **March 12, 1951**, that I last saw the deceased alive on **3/11**, 1951, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

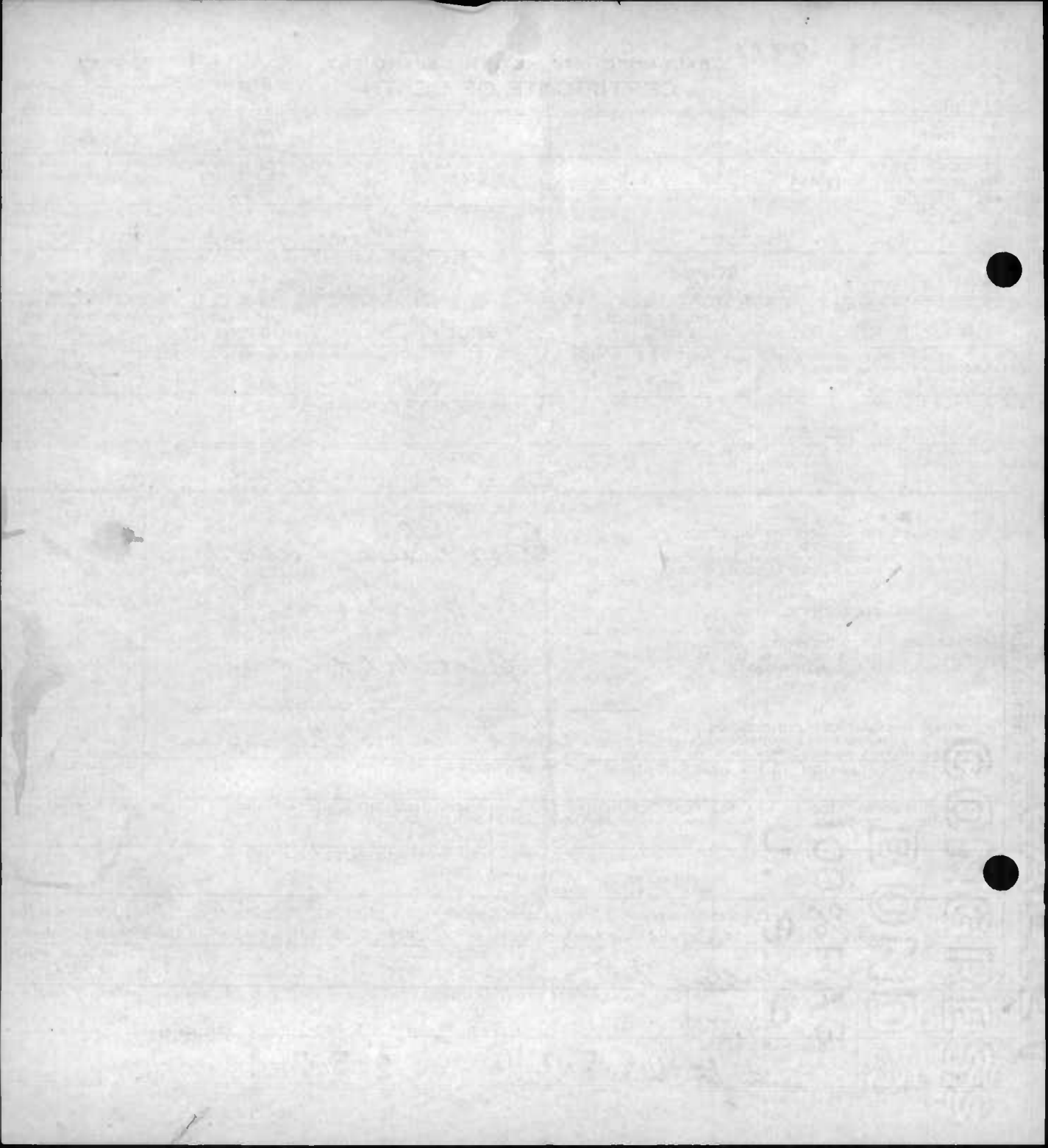
23A. SIGNATURE Isaac Miller MD	23B. ADDRESS 1225 O'Connell St.	23C. DATE SIGNED 3/13/51
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 14, 1951	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24D. LOCATION (City, town, or county) (State) Ritchie Highway Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1951		REGISTRAR'S SIGNATURE Isaac Miller MD	
VS 150		25. FUNERAL DIRECTOR KRAUSE FUNERAL HOME 1216 S. Charles St.	

240 55

Balto. 30 Md. 47c

MEDICAL CERTIFICATION



140
51 2378

51 2378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Frederick) Fred S. Gable			2. DATE OF DEATH March 10, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 115 S. Tremont Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04		
Length of stay in Baltimore 65 yrs			D. STREET ADDRESS (If rural, give location) 115 S. Tremont Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1864		9. AGE (In years last birthday) 86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) Retired Tool and Die Maker, Flynn & Emerick			11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Conrad Gable			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT William C. Gable, 107 S. Tremont Rd.			ADDRESS		

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 6 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

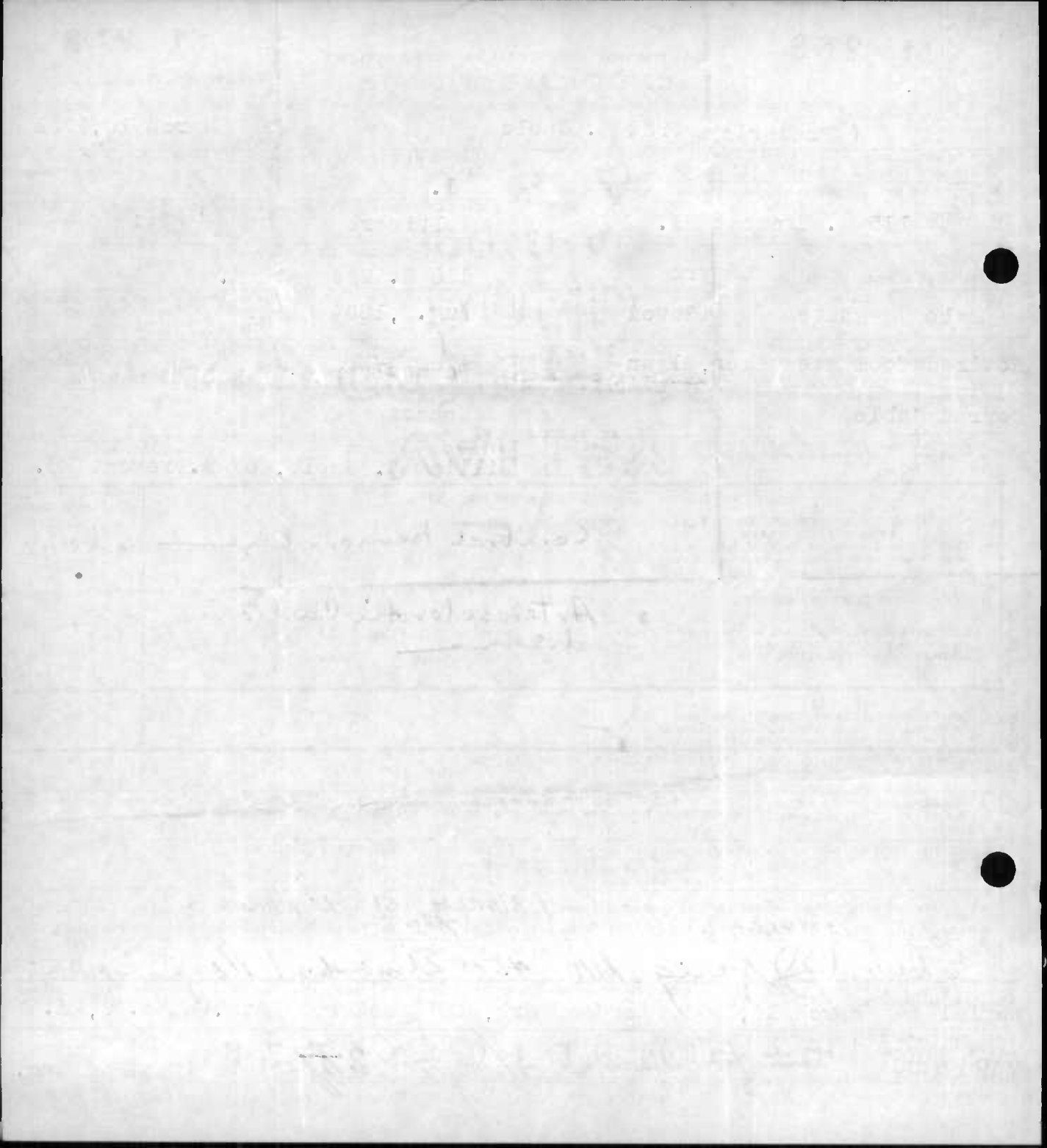
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 MARCH, 1951, to 10 MARCH, 1951, that I last saw the deceased alive on 10 MARCH 1951 and that death occurred at 7:25 P. m., from the causes and on the date stated above.

23A. SIGNATURE Edward D. Krieg M.D.	23B. ADDRESS 4508 Edmondson Village	23C. DATE SIGNED 12 MAR 51
--	--	-------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 14, 1951	24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Ave. Balto. 29, Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
---	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry A. Witzke	ADDRESS 107 Edmondson Ave.
---	--	---	-------------------------------



253

51 2379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2379

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SIDNEY J. ROSENTHAL

2. DATE
OF
DEATH

3-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3706

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

The Mount

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

4105 Penhurst Ave

C. Length of stay in Baltimore

72

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days Hours Min.

31

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Mfg.

11. BIRTHPLACE (State or foreign country)

Washington DC

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Sara

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Rosenthal - 2304 Luth Rd

18. 181X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of bladder

18 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Colon

8 mos

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1949, to 3/13/51, 19, that I last saw the
deceased alive on 3/12, 1951, and that death occurred at 9 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 1951

Huntington Williams, Jr.

Jack Lewand 2100 Eutaw Pl

Kersh
Lentini PL
2370

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10/1/77

BY: [REDACTED]

100-100000-1000

100-100000-1000

100-100000-1000

100-100000-1000

100-100000-1000

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100-100000-1000

51 2380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2380
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GENEVA (GENIVIEVE)		ANDERSON		2. DATE OF DEATH March 10, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION City Jail		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-02			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2035 W. North Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 9/18/18	9. AGE (In years last birthday) 32	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY Seamstress		11. BIRTHPLACE (State or foreign country) Ill.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Clarence W. Williams clothing			
14. MOTHER'S MAIDEN NAME Neala Gibson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. 225-24-1857		17. INFORMANT David Shearer 2035 W. North Ave			

18. 561.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal obstruction due to diaphragmatic hernia (A) Intestinal obstruction due to diaphragmatic hernia Congestive failure (B) Congestive failure (C) Congestive failure		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
William V. [Signature]
M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 10, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/14/51	24C. NAME OF CEMETERY OR CREMATORY St. Peter's	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY 14 MAR 1951	REGISTRAR'S SIGNATURE William V. Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook Inc.	ADDRESS 1217 St. Paul St.

0000

RECEIVED

0000



320

51 2281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2281

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Rades		2. DATE OF DEATH 3-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 902 S. Carey St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION FD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland 21-02	
6. Length of stay in Baltimore 68 yrs		D. STREET ADDRESS (If rural, give location) 902 S. Carey St.	
5. SEX m	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-15-81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10B. KIND OF BUSINESS OR INDUSTRY grocery business	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Rotkawicz (P)		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Eva Rades, 902 S. Carey St.		ADDRESS	

18. /63X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Carcinoma of lung ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Exhaustion Age OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH history of 1 yr.
--	--

19A. DATE OF OPERATION ----	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to 3-13-51, 19__, that I last saw the deceased alive on 3-12-51, 19__, and that death occurred at 11 a.m., from the causes and on the date stated above.

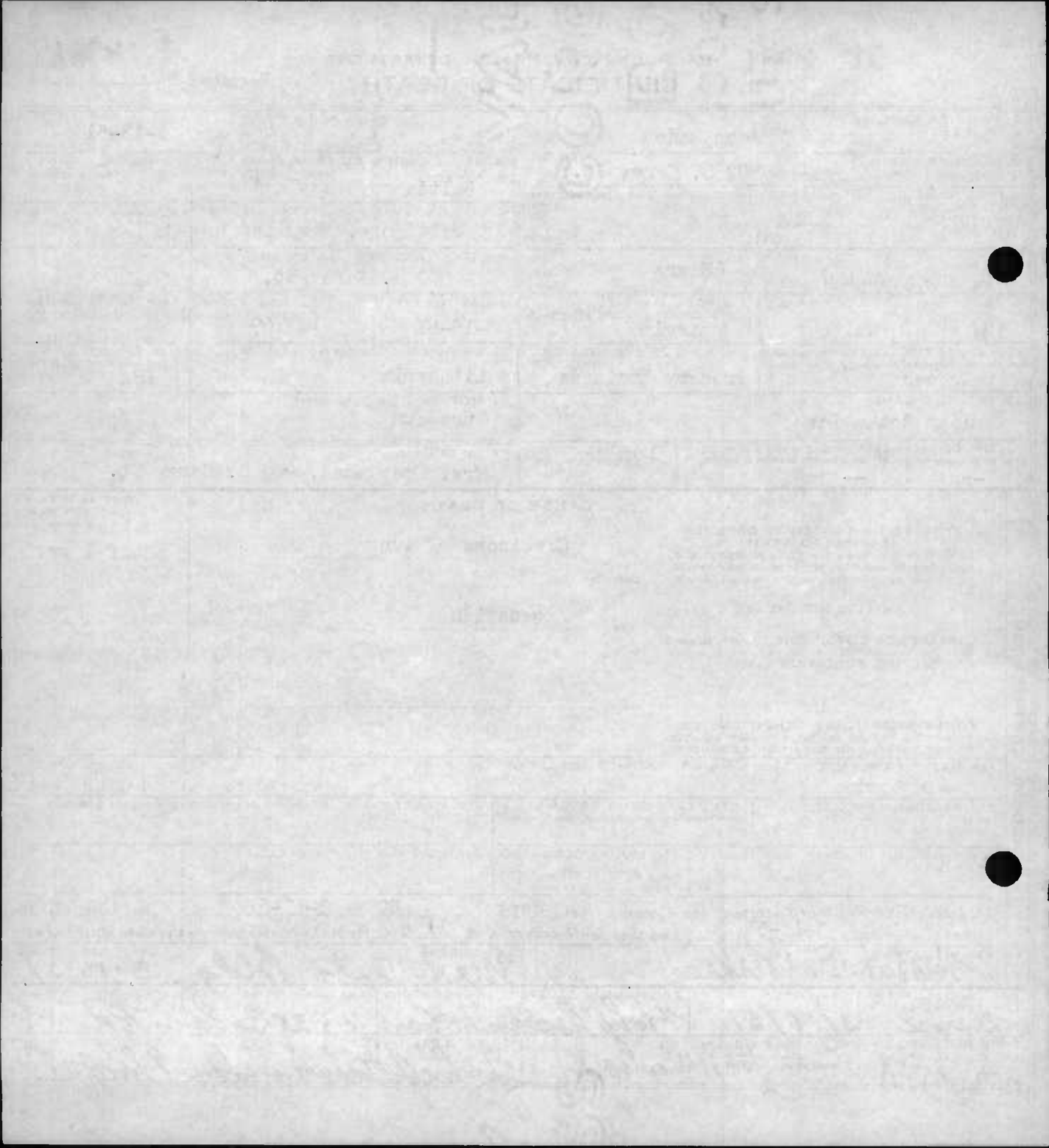
23A. SIGNATURE
H. C. Blake

23B. ADDRESS
Med. Arts Bldg

23C. DATE SIGNED
3-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/16/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Com.	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 1 4 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John J. Cowan & Son	ADDRESS 90 Hollis St.

MEDICAL CERTIFICATION



520
42
ND-144857
BIRTH NO.

51 2382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

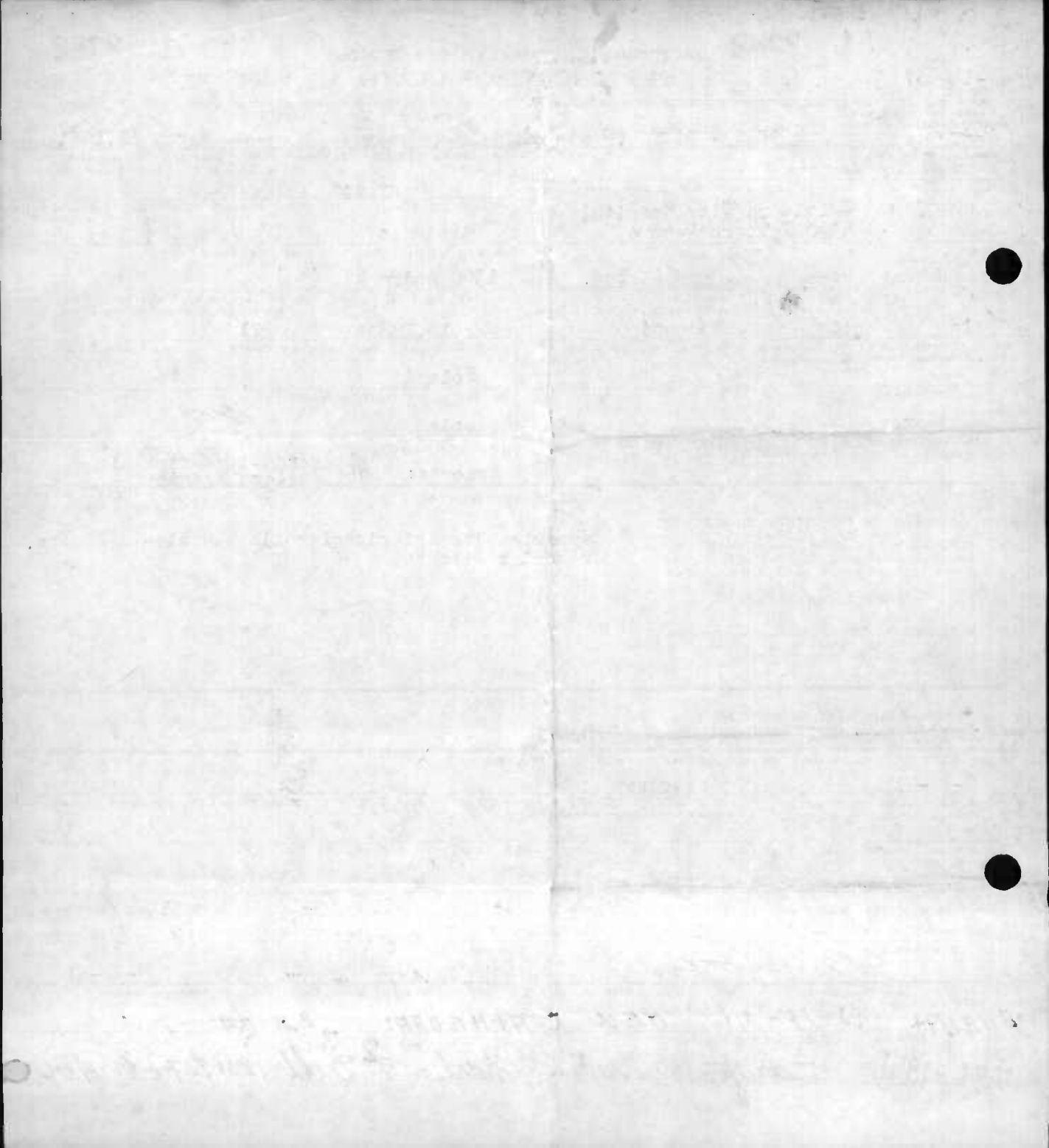
51 2382

1. NAME OF DECEASED (Type or Print) George Smosky (Smulski)			2. DATE OF DEATH March 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-01		
6. LENGTH OF STAY IN BALTIMORE 45 Yrs.			D. STREET ADDRESS (If rural, give location) 1300 Andre St. (30)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 12, 1880	9. AGE (in years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George			14. MOTHER'S MAIDEN NAME Josie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Arteriosclerotic Cardio-vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 20 Yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		?

19A. DATE OF OPERATION 2-22-51		19B. MAJOR FINDINGS OF OPERATION Cystogram		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-6 , 19 51 , to 3-12 , 19 51 that I last saw the deceased alive on 3-12 , 19 51 and that death occurred at 7 a. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>C. S. Cozart</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-12-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-15-51	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL BALTO.	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1951		REGISTRAR'S SIGNATURE <i>Harold F. Dill</i>	25. FUNERAL DIRECTOR Charles F. Dill ADDRESS 15012 Fort Ave.



450

51 2383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY KELLAM

2. DATE
OF
DEATH

3/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1411 W. La Fayette Ave

5. SEX

F

6. COLOR OR RACE

negro

7. (SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 19/5

9. AGE (In years
last birthday)

35

10. Under 1 Year
Months Days

9 18

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kella
Virginia12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Wade Means

14. MOTHER'S MAIDEN NAME

Beatrice Kellam

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Beatrice Kellam

ADDRESS

Kella, VA

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V. disease

DUE TO

(C)

Chr. glomerulo sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1951, to 3-13, 1951, that I last saw the
deceased alive on 3-13, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Huffer M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

3-13-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 16, 1951

24C. NAME OF CEMETERY OR CREMATORY

Redhill Cemetery

24D. LOCATION (City, town, or county)

Kella,

(State)

VA

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

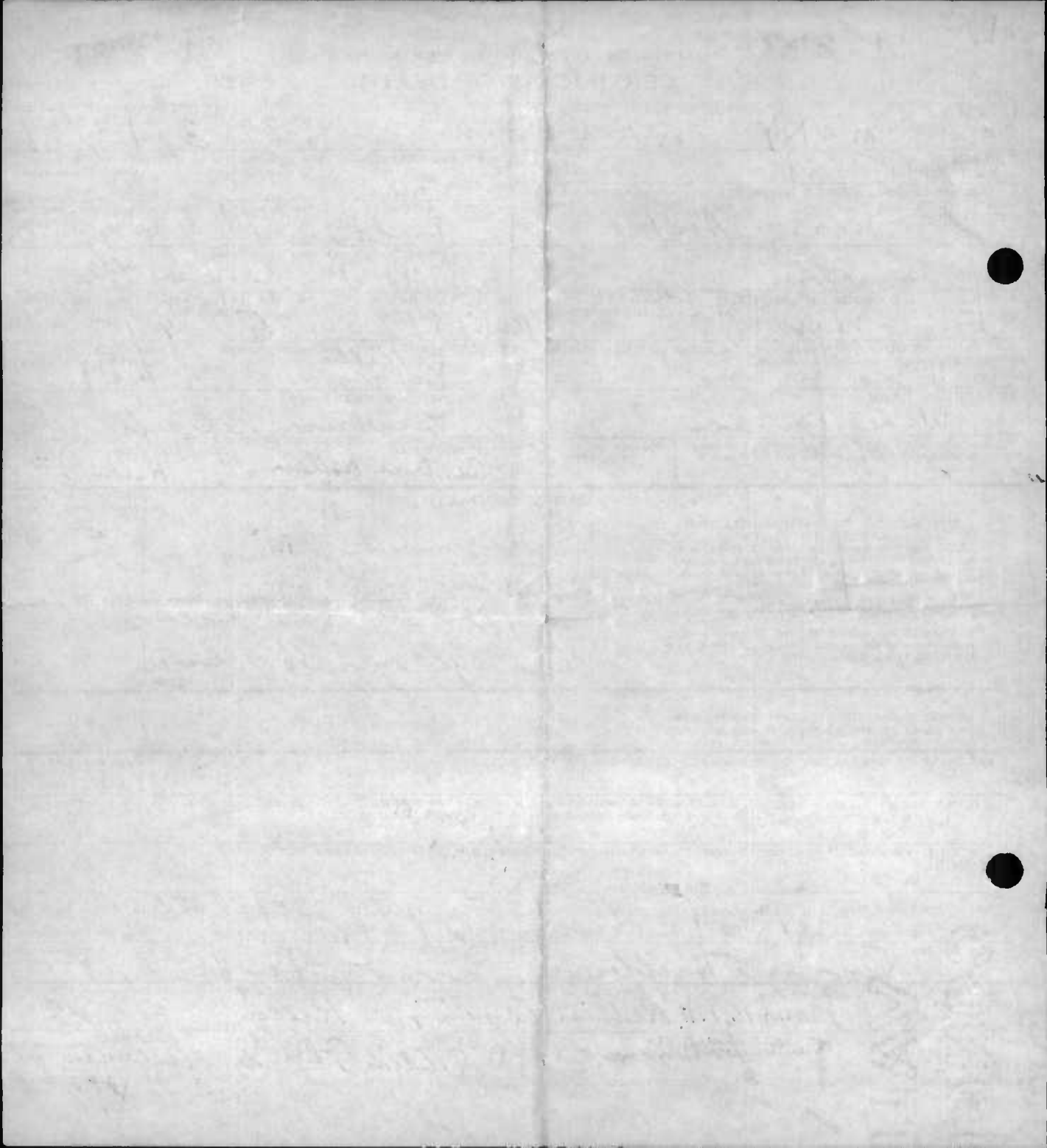
Washington Williams, Jr.

25. FUNERAL DIRECTOR

J. Edgar Thomas

ADDRESS

Accomac, VA



650
51 2284BROWN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2284
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Brown

2. DATE
OF
DEATH

3-11-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt.

4-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)

658 W. Fairmount Ave

D. STREET ADDRESS (If rural, give location)

658 W. Fairmount Ave

Length of stay in Baltimore

9-
Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Rudy Brown -

8. DATE OF BIRTH

Sept. 9.

9. AGE (In years
last birthday)

51 yrs.

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

cloth factory

11. BIRTHPLACE (State or foreign country)

Baltimore, N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hamilton Brown -

14. MOTHER'S MAIDEN NAME

Rosa ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

224-14-9310

17. INFORMANT

Rudy Brown -

ADDRESS

6679 W. Fairmount Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) For Advanced Pulmonary Th.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

3-11-51

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-15-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

W. B. Briggs

ADDRESS

12 B

3-11-71

William J. Bennett

Mr. William J. Bennett

1. Bennett

3-11-71

11 Bennett, William J.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

650

51 2385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2385

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DELMAR GREENE

2. DATE OF DEATH

3-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38 University

Length of stay in Baltimore

30 Yrs. Mos. Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

17-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

605 Pierce St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

517-03-9695

17. INFORMANT

Julia Harris 5301 Hamner St

ADDRESS

18. 334 x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension

DUE TO

Encephalopathy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cardiac Failure

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1951, to 3-7, 1951, that I last saw the deceased alive on 3-7, 1951, and that death occurred at 11:55 Am., from the causes and on the date stated above.

23A. SIGNATURE

Greene

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-15-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

W. B. Spriggs

25. FUNERAL DIRECTOR

W. B. Spriggs

ADDRESS

2390 Hamling St.

VS 150

Released from morgue 3/13/51 - 8P, 87E

R.S.
Fisher St.
Hart.

Pr.
700

253
51 2386BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE

A. STATE

Where deceased lived. If institution: residence
before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25 1947 to 3-10- 1951, that I last saw the
deceased alive on 3-10- 1951, and that death occurred at 4:55 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
MAR 14 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1950
58

1892

422
51 2387BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2387

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PETER KALKOWSKI

2. DATE
OF
DEATH

3/11/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

41 ST. JOSEPH'S HOSP

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

Meat Market

13. FATHER'S NAME

Joseph Kalkowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-01-7438

8. DATE OF BIRTH

8/31/87

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

CAUSE OF DEATH

18. 296X I 703X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Purpura-hemorrhagic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Aplastic anemia probably due to
multiple myeloma

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1951, to Mar. 11, 1951, that I last saw the
deceased alive on Mar. 11, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dora Rodriguez Vega

M.D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

Mar. 11, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Buried March 15-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 14 1951

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

2238 8th Ave + Son

VS 150

6446A 3001 Kentucky Ave
55E

See Document File 51- 2387

3/20/51

ES

173
58

51 2388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2388
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

HOLLAND

2. DATE
OF
DEATH

March 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1514 Madison Street

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 7 1923

9. AGE (In years
last birthday)

27

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Irwin Wilson

14. MOTHER'S MAIDEN NAME

Drene Highland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Nathaniel Sullivan - head of

ADDRESS 1514 -

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary tuberculosis with cavitation
of right upper lobe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
March 13, 195124A. BURIAL, CREAMA-
TION, REMOVAL (Specify)

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Charlesville Md. Howard Co.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

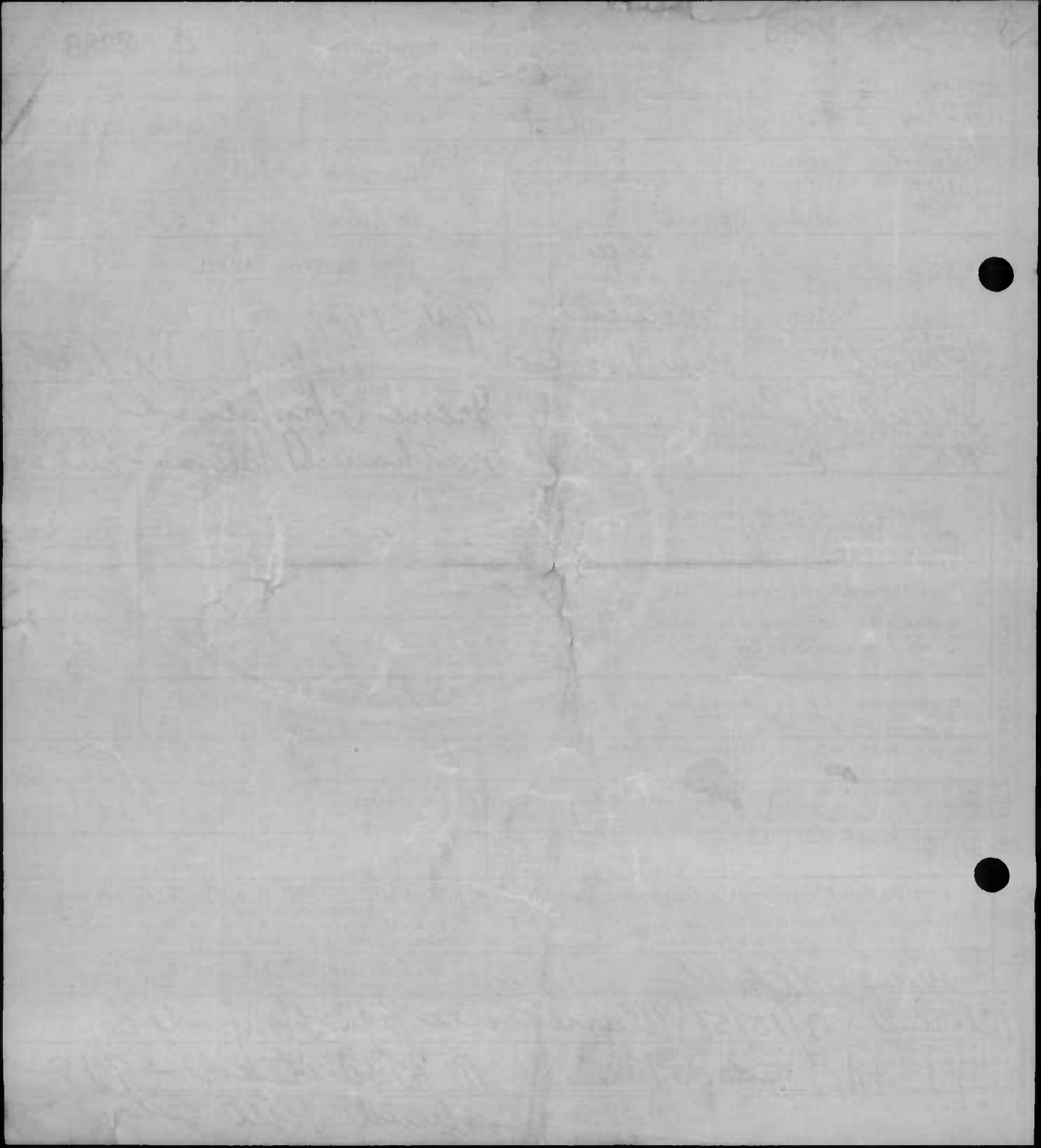
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

A. J. Halstead - 918 -

Alvord Hill Ave.



162
51 2389BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2389

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE

FLOWERS

2. DATE
OF
DEATH

March 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

616 Hillview Rd., Cherry Hill

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cherry Hill

D. STREET ADDRESS (If rural, give location)

616 Hillview Rd.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 22, 1920

9. AGE (In years,
last birthday)

30

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work and number of working hrs. even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 205 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Mycosis fungoides

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Exfoliative dermatitis

DUE TO

CERTIFICATION APPROVED BY

(C)

CHIEF OR ASST. MEDICAL EXAMINER.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan, 1950, to Aug, 1950, that I last saw the
deceased alive on Aug, 1950, and that death occurred at 8:28 A. M. from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

M. D.

Johns Hopkins Hospital

March 13, 1951

24A. BURIAL, CREMA-
TION OR OTHER

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Herold Hill Ave. 43

200
51 2390

51 2390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH LEWIS

2. DATE
OF
DEATH

MAR. 13 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 UNIVERSITY

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

11-03

D. STREET ADDRESS (If rural, give location)

403 St Marys St

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR INDUSTRY

Public

8. DATE OF BIRTH

Apr. 7 1917

9. AGE (in years last birthday)

33

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Lewis

14. MOTHER'S MAIDEN NAME

Carrie Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service)

No

No

SOCIAL SECURITY NO. 214-12-1146

17. INFORMANT

Carrie Lewis - 453 - St Marys St.

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DISSEMINATED CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PROB. CA. OF PANCREAS.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from MAR 13, 1951 to MAR 13, 1951, that I last saw the deceased alive on MAR 13, 1951, and that death occurred at MAR 13, 1951, from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Mar 15, 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

W. A. Stead - 918 -

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

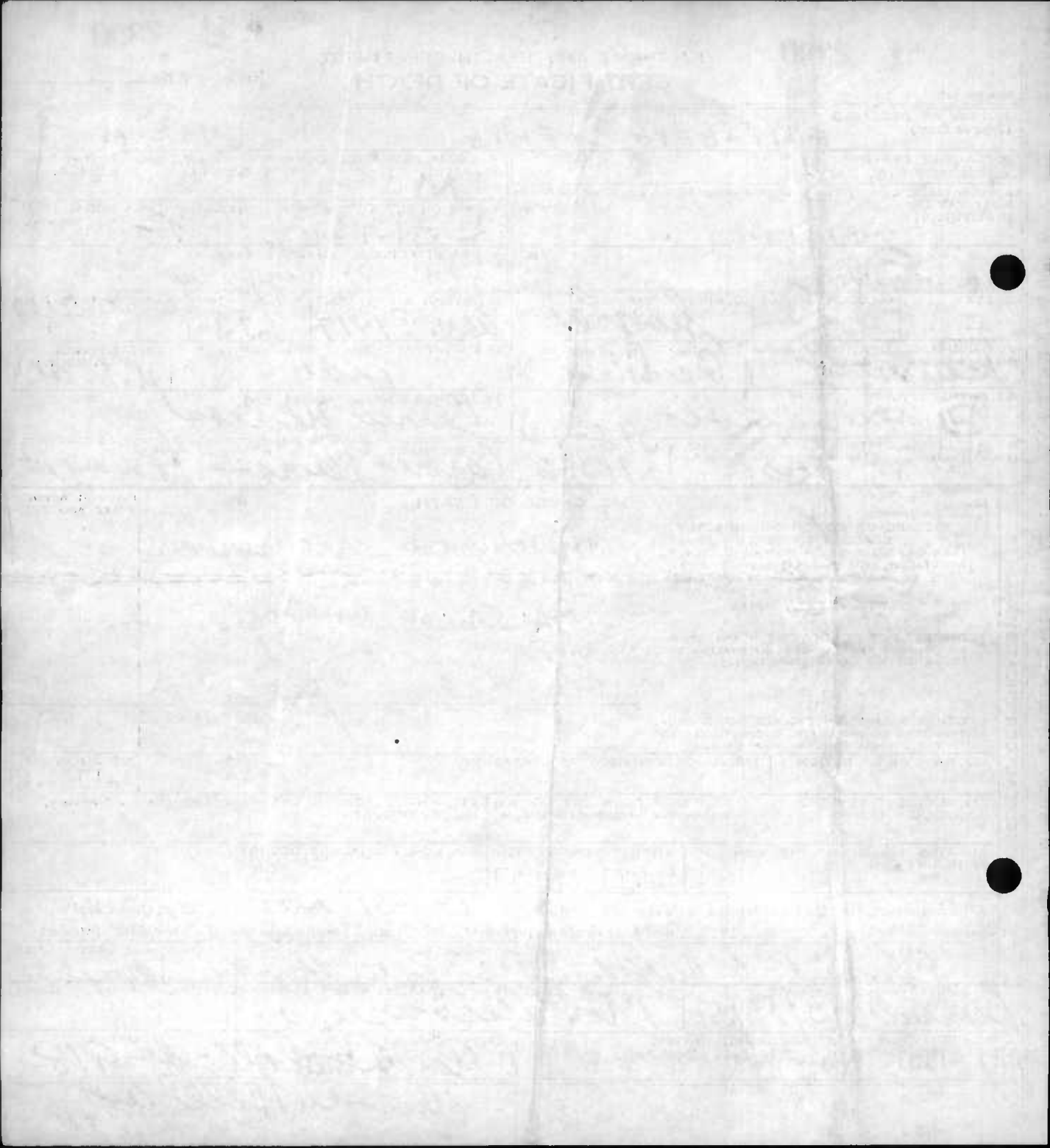
[Signature]

25. FUNERAL DIRECTOR

W. A. Stead - 918 -

ADDRESS

[Address]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HOWARD R. BEALMEAR

2. DATE
OF
DEATH

3/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3323 St Paul St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balta.

12-02

D. STREET ADDRESS (If rural, give location)

3323 St Paul St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9/29/89

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Realtor

10B. KIND OF BUSINESS OR
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Bealmear

14. MOTHER'S MAIDEN NAME

Adelaide Rayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles W. Bealmear 3323 St Paul St.

18. *181X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *carcinoma, bladder*
DUE TO

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1948

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, sq. cell type, bladder

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 21, 1960* to *Mar 12, 1961*, that I last saw the
deceased alive on *Mar 12, 1961* and that death occurred at *2:40 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. W. Carson

23B. ADDRESS

11 E Chase St

23C. DATE SIGNED

Mar 14, 1961

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Lawson Park

24D. LOCATION (City, town, or county)

Fredrick Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

Stuart H. Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Schenck, 3157 Chestnut Ave.

ADDRESS

MEDICAL CERTIFICATION

1109 88 Paul

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARTIN L. DINSMORE

2. DATE
OF
DEATH

3/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1102 W. 40th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1102 W. 40th St.

13-07

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 10, 1888

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

Plumbing

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Shirley Dinsmore

14. MOTHER'S MAIDEN NAME

Ellen Sumner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

317-07-0263

17. INFORMANT

ADDRESS

Mary R. Dinsmore 1102 W. 40th St

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Thrombosis*

1 Hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Artery Dis*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 1, 1951* to *Mar 13, 1951*, that I last saw the deceased alive on *Nov 1, 1951* and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Harrison

23B. ADDRESS

437 Falls Rd.

23C. DATE SIGNED

3/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/51

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Elkridge, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Paul E. Chensworth

ADDRESS

4037 Gull 1st

CONFIDENTIAL
ANTIFA

CONFIDENTIAL

51 2393
Registered No. _____

VS 150

CERTIFICATE OF DEATH

21 2003

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

125

51 2394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2394
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PHILLIP H. HOPKINS

2. DATE
OF
DEATH

3/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Linstead, Severna Park

D. STREET ADDRESS (If rural, give location)

Evergreen Trail

5200

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 15, 1936

9. AGE (In years
last birthday)

14

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Emily Boughan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Father

Same

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myeloblastic Leukemia

2 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 3/12, 1951, to 3/13, 1951, that I last saw the
deceased alive on 3/13, 1951, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1951

Huntington Williams, Jr.

John O. Mitchell & Sons

MB Mitchell 1900 Eutaw Pl.

VS 150

74a

MEDICAL CERTIFICATION

WILLIAM

2-10-10

1000

1000

1000

260
51 2295BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2295

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALFRED W. KAISER			2. DATE OF DEATH Mar. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 614 N. Howard St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 614 N. Howard St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 14, 1872		9. AGE (in years, last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired salesman		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John G. Kaiser			14. MOTHER'S MAIDEN NAME Caroline		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Wm. C. Kaiser - 3019 Glenmore Ave.		

18. 420.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterograde Heart Dis. (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 10 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 1949 to 3/13 , 19 51 that I last saw the deceased alive on 3/5 , 19 51 , and that death occurred at 120 m. from the causes and on the date stated above.		
23A. SIGNATURE E. L. Smith	23B. ADDRESS 614 N. Howard St.	23C. DATE SIGNED 3/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/15/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1951	REGISTRAR'S SIGNATURE Wm. J. Lickner	25. FUNERAL DIRECTOR'S ADDRESS Wm. J. Lickner & Sons - Balto.	

100-4145

BOND

WATLEY

524
51 2296DINKELCKER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2296

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

DINKELCKER

2. DATE
OF
DEATH

March 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Virginia

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Fort Lee

D. STREET ADDRESS (if rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1926

9. AGE (in years
last birthday)

24

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pomer

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Philip Dinkelcker

14. MOTHER'S MAIDEN NAME

Clara Clanni

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

DEC - 1944 - MAR 13, 1950

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clara Dinkelcker Schenckville Pa.

18. E815.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

K0256

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Multiple contusions and lacerations of
head

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Route 40 near Kreuger Avenue

21F. HOW DID INJURY OCCUR?

Motorcycle and auto collision

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 13, 1951 1:30 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 13, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1951

Huntington Williams, Md

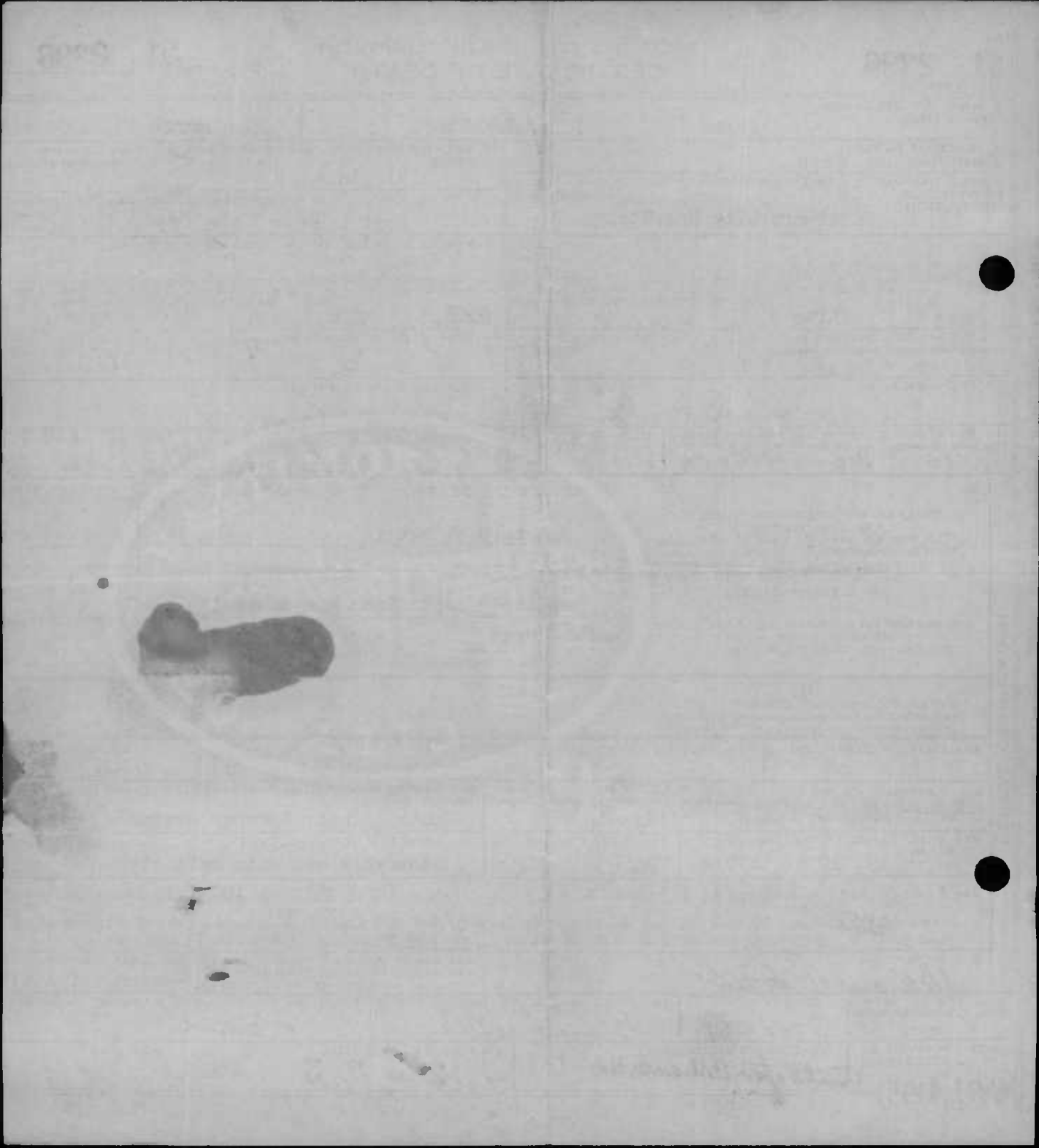
J. J. J. J.

403 S. W. 1st

N-803.2

690 24

170c



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2397
Registered No. _____

260
51 2397

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Charles Maguire</i>		2. DATE OF DEATH <i>Mar. 12, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. Length of stay in Baltimore <i>Life</i>		E. STREET ADDRESS (If rural, give location) <i>2327 1/2 Harford Road</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>August 2, 1878</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Paper hanger & painter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Business</i>	9. AGE (In years last birthday) <i>72</i>
13. FATHER'S NAME <i>John Maguire</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		14. MOTHER'S MAIDEN NAME <i>Barbara ?</i>	
17. INFORMANT <i>Mrs. Henrietta V. Maguire</i>		ADDRESS <i>2327 1/2 Harford Avenue</i>	

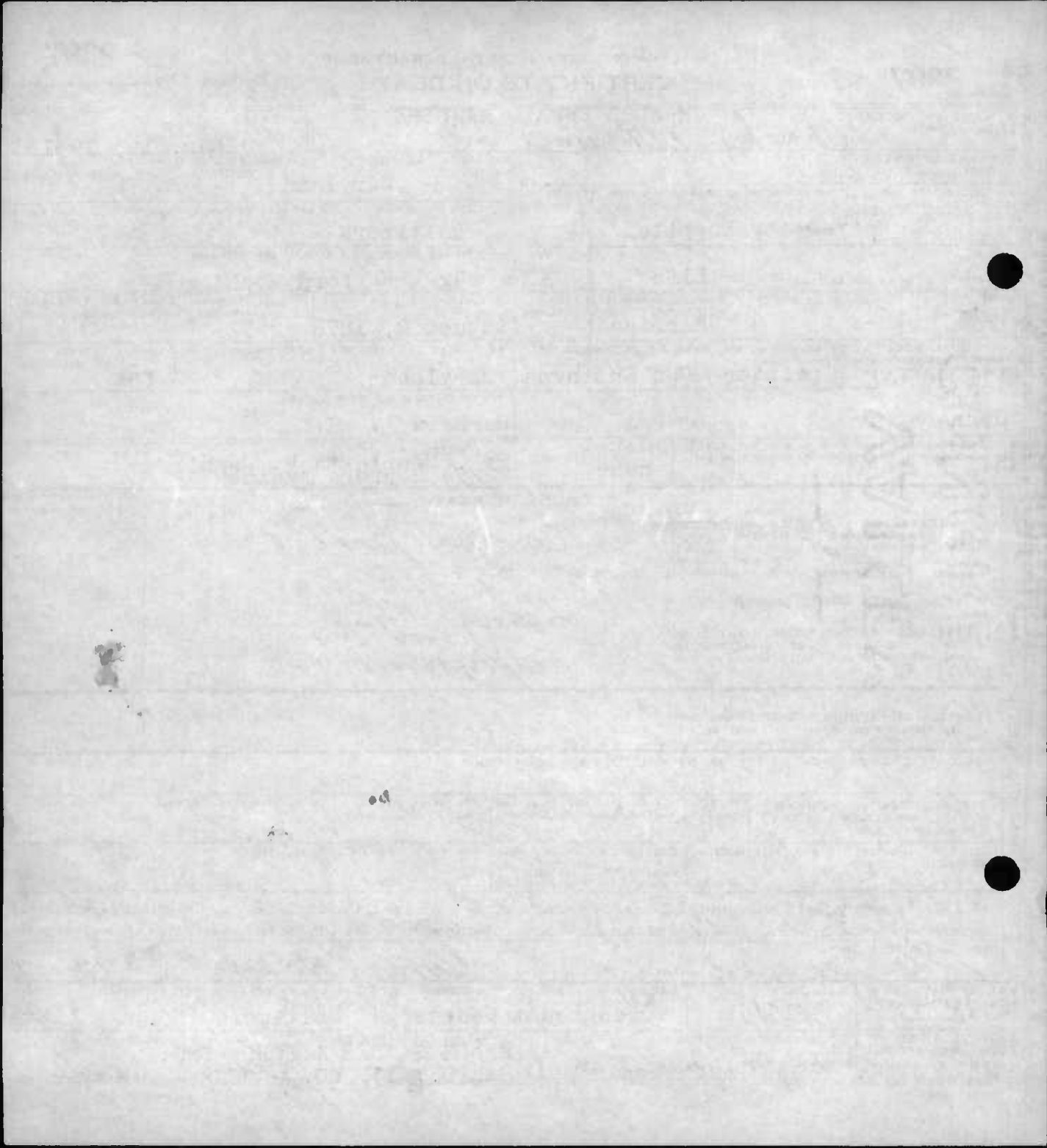
18. <i>527.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Arrest</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Lung cyst</i> <i>Emphysema</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-7-51</i> , 19 <i>51</i> , to <i>3-12-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>2-12-51</i> , 19 <i>51</i> , and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. C. Spaulding Jr.</i>		23B. ADDRESS <i>Univ. Hosp</i>		23C. DATE SIGNED <i>3-12-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/15/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1951</i>		REGISTRAR'S SIGNATURE <i>John Williams</i>		FURNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	
				ADDRESS <i>BALTO. 213 MD.</i>	

Correct age is extremely important. Informants, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



163

51 2398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2398

BIRTH NO. 50-28264

1. NAME OF DECEASED
(Type or Print)

Roberts, Charles Francis

2. DATE
OF

DEATH March 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1324 N. Chester Street

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

November 3, 1950

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Roberts

14. MOTHER'S MAIDEN NAME

Ellamay Litz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1324 N. Chester Street
Mr Thomas Roberts

18. 753.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bulbar shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Post operative congenital hydrocephalus

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 12, 1951

19B. MAJOR FINDINGS OF OPERATION

Lack of aqueduct of Sylvius, congenital

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 17, 1951, to March 12, 1951, that I last saw the
deceased alive on March 12, 1951 and that death occurred at 6:15pm., from the causes and on the date stated above.

23A. SIGNATURE

B. J. J. J.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

March 12 '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

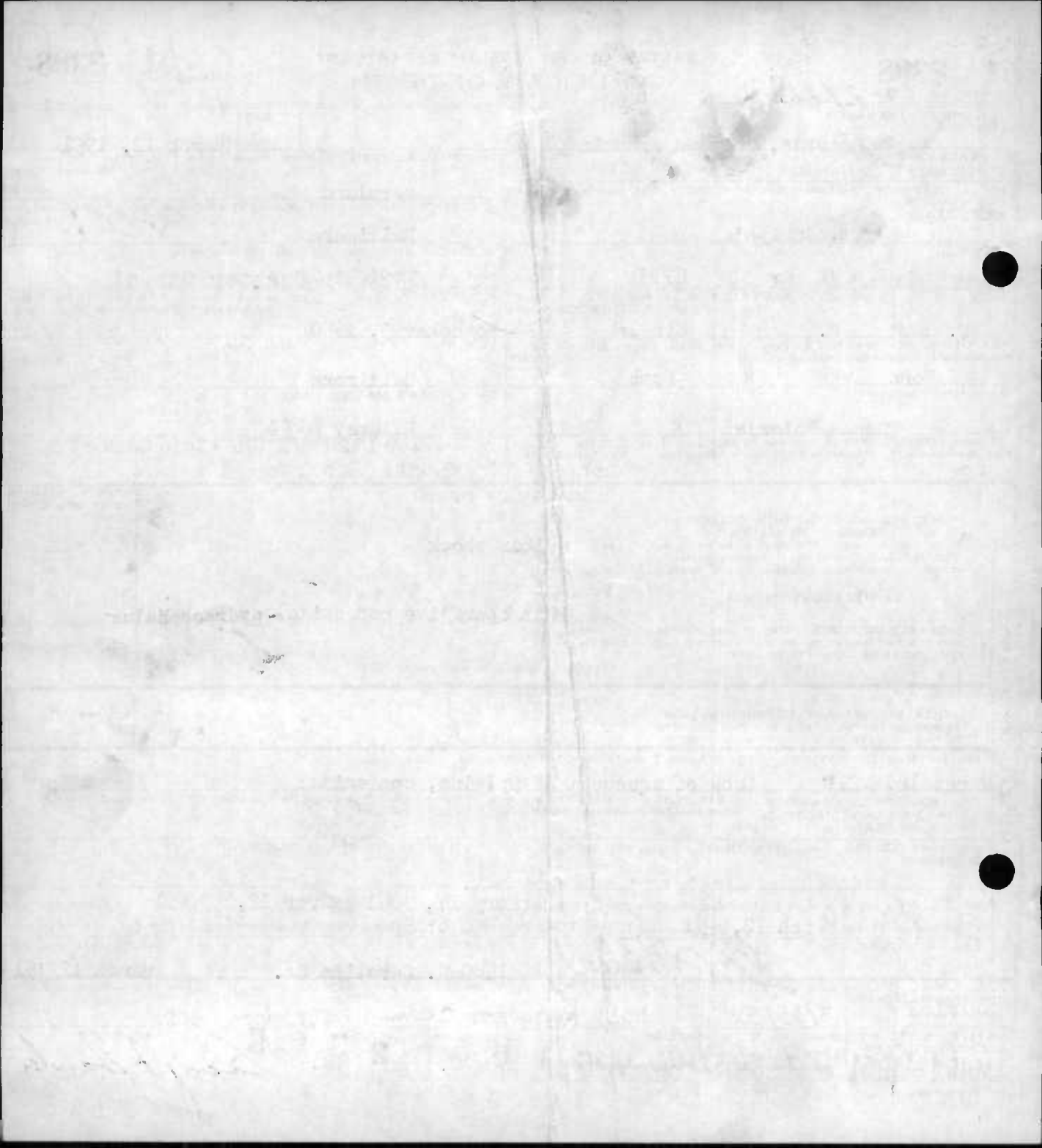
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

BALTO., 13, MD.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2399**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Jaworowski (Jaroski)			2. DATE OF DEATH 3/12/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 911 S. Streeper St			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
Length of stay in Baltimore 54 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 911 S. Streeper St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 16, 1896		9. AGE (in years, months, days) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME August Jaworowski			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or or known) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 219-01-9051	17. INFORMANT ADDRESS Mrs. Louise Jaworowski		

CAUSE OF DEATH

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Left Lung. DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH Aug 1 1950
---	---

19A. DATE OF OPERATION Explant of Chest.	19B. MAJOR FINDINGS OF OPERATION Carcinoma of Left Lung.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from **Aug 1**, 19**50**, to **3-12-51**, 19**51**, that I last saw the deceased alive on **3-11**, 19**51**, and that death occurred at **3 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. Schimmick	23B. ADDRESS 842 S. E. 4th	23C. DATE SIGNED 3-13-51
---------------------------------------	--------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 15/51	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery	24D. LOCATION (City, town, or county) (State) Dundalk Ave. Balto, Md
--	---------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR G. J. P. Inc.	ADDRESS 62829 Hudson St.
--	---	--	------------------------------------

2000

CERTIFICATE OF DEATH

2000

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

000
51 2400BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2400

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna Ray

2. DATE
OF
DEATH

3-13-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Batto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Delaware

B. COUNTY

V-07

before admission)

C. CITY OR TOWN

Batto Wilmington

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

506 W. Tenth St. Wilmington, Del.

Length of stay in Baltimore

Yrs.
1- Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10-22-93

9. AGE (in years

last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

Industrial

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert H. Bussey

14. MOTHER'S MAIDEN NAME

Queen F. Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

221-07-6862

17. INFORMANT

Mrs. Katherine Schmidt - Pasadena, Md.

ADDRESS

18.

175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Intestinal Obstruction due to Carcinoma of Intestines. Prob. Carcinoma of ovary.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-23-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Intestines.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-1951, to 3-13-1951, that I last saw the deceased alive on 3-13-1951, and that death occurred at 3-13-1951, from the causes and on the date stated above.

23A. SIGNATURE

O. J. Cantelano

M. O.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

3-13-51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Batto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 14 1951

REGISTRAR'S SIGNATURE

C. J. Cantelano

25. FUNERAL DIRECTOR

E. J. Farney

ADDRESS

1938 E. Lafayette Ave

540
2401BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2401

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GERTRUDE HEINLY

2. DATE
OF
DEATH

3/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

37

Mercy Hospital

Length of stay in Baltimore

6

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie Glen Burnie

D. STREET ADDRESS (If rural, give location)

529 Westway

5200

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 7, 1884

9. AGE (in years
last birthday)

66

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Charles Weber

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MARDEN NAME

Mary Mahaffey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Daughter

ADDRESS

Same

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *arteriosclerotic Hypertensive CardioVasc.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Angina + Unstable Effort*

DUE TO

(C) *Diabetes Mellitus*1 year.
12 yrs +II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb 26, 1951, to 3/14, 1951, that I last saw the
deceased alive on 3/14, 1951, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

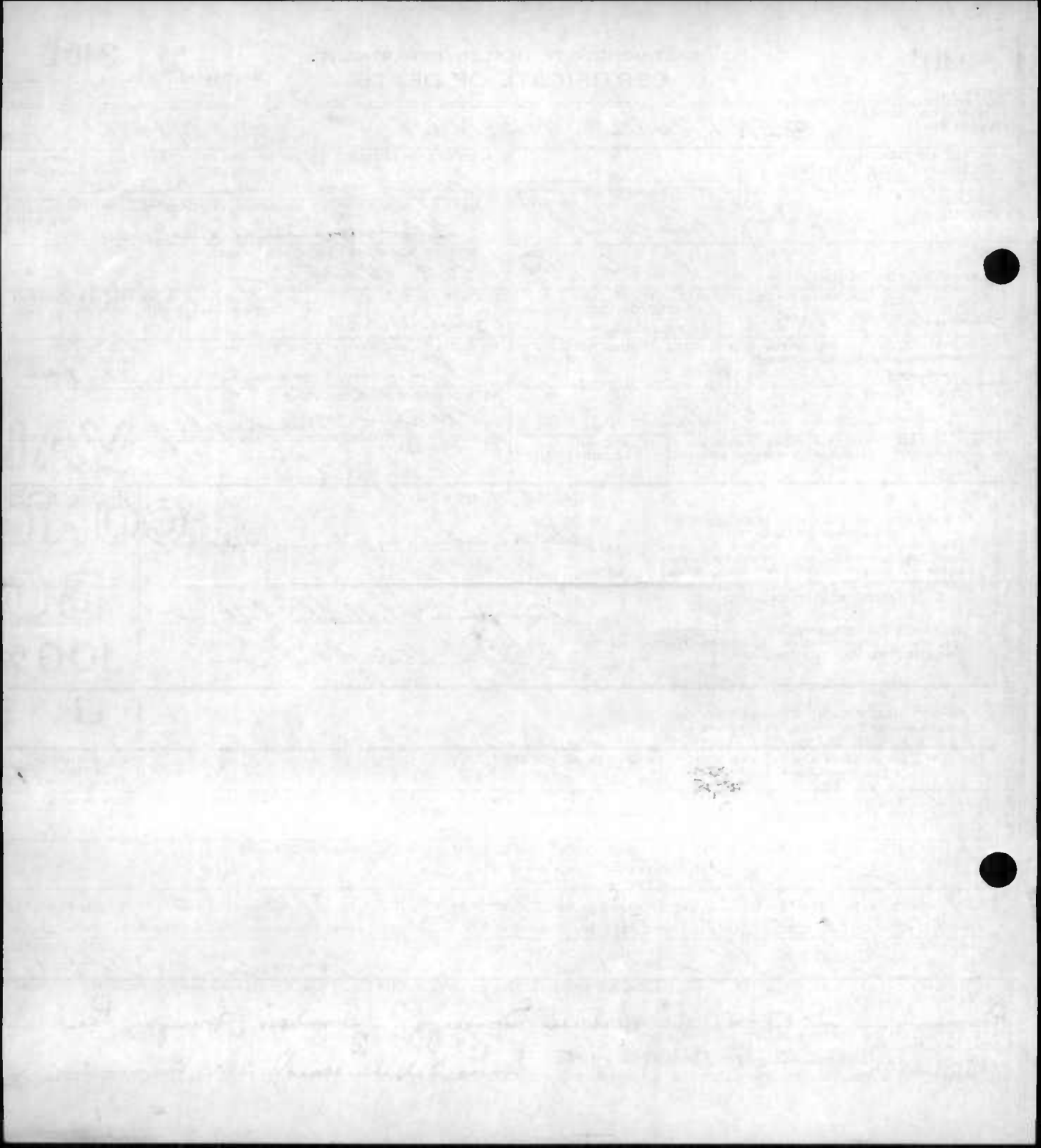
25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1951

VS 150

61



412

51 2402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2402
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Phillips, Mrs. Viola</i>		2. DATE OF DEATH <i>12 March 57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Dorchester</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cambridge 5913</i>	
5. LENGTH OF STAY IN BALTIMORE <i>10</i> Mos. Days		D. STREET ADDRESS (If rural, give location) <i>106 Glenburn</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 17, 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>56</i>
13. FATHER'S NAME <i>Burke, Mr. Samuel</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Sarah Cromer</i>	
17. INFORMANT <i>Phillips, Mr. Clinton (Husband)</i>		ADDRESS <i>106 Glenburn Cambridge</i>	

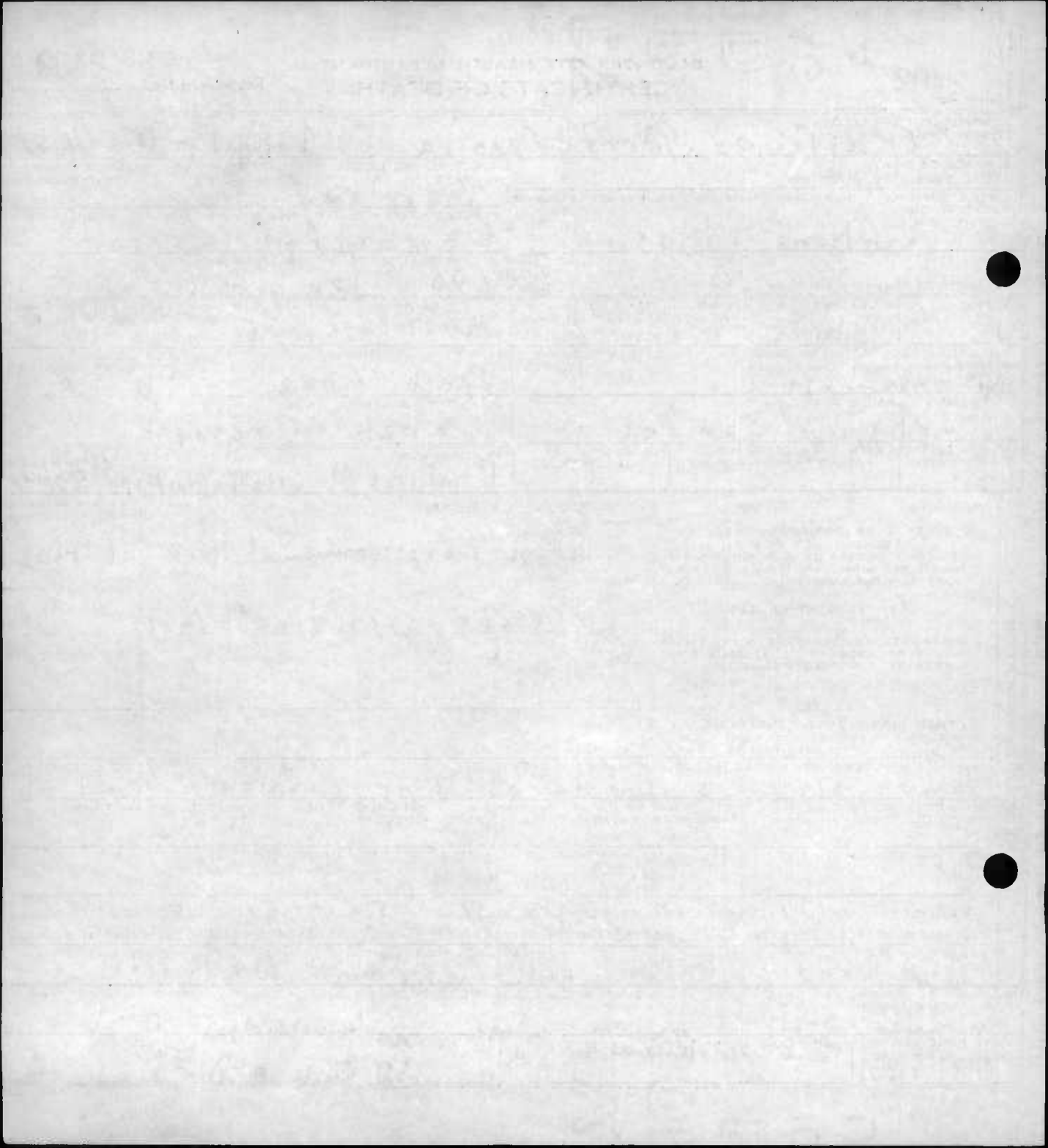
18. <i>155X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Adenocarcinoma of liver</i>	<i>6 mos</i>
ANTECEDENT CAUSES	(B) <i>extension & metastases</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Jan 29 57</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of liver - extension</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 17*, 1957, to *12 March*, 1957, that I last saw the deceased alive on *12 March*, 1957, and that death occurred at *10 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Ronald L. Weston</i>	23B. ADDRESS <i>Church Home & Hosp.</i>	23C. DATE SIGNED <i>12 March 57</i>
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-15-57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cambridge</i>	24D. LOCATION (City, town, or county) (State) <i>Cambridge Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1957</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Williams, Jr.</i>	ADDRESS <i>2503 Edmonson Cir</i>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2403
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Annie M. Schweiger		2. DATE OF DEATH 3-11-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 327 S. Clinton Street		C. CITY OR TOWN (If outside corporate limits, write Rural, and give township) Baltimore, Md. 26-10	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 327 S. Clinton Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-7-84
10A. USUAL OCCUPATION (Give kind of work done during most of life; if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Anton Kellner		11. BIRTHPLACE (State or foreign country) Baltimore	
14. MOTHER'S MAIDEN NAME Anna /		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Albert C. Schweiger		ADDRESS same address	

CAUSE OF DEATH

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Embolism Mar 12 1951 DUE TO ANTECEDENT CAUSES (B) Coronary Disease 1941 DUE TO (C) Hypertension	INTERVAL BETWEEN ONSET AND DEATH 1951
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1941 , to Mar 12 1951 , that I last saw the deceased alive on Mar 12 1951 , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Edward J. Beckman		23B. ADDRESS 3426 Bank & Co		23C. DATE SIGNED Mar 14 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-13-51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
				24D. LOCATION (City, town, or county) (State) Baltimore	

DATE RECEIVED BY LOCAL REGISTRAR MAR 1 4 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.		25. FUNERAL DIRECTOR John & John	
				ADDRESS 403 S. Wolfe Str	

94a

CERTIFICATE OF DEATH

1-1-1

John H. Johnson

John

John H. Johnson

John

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

John H. Johnson

230

51 2404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2404

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Waters Best.

2. DATE
OF
DEATH

march 12, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

227 N. Fulton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-02

D. STREET ADDRESS (If rural, give location)

227 N. Fulton Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female

C

married

Dec. 27, 1909

41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Oklahoma.

12. CITIZEN OF WHAT COUNTRY?

U.S. Civ

13. FATHER'S NAME

Charles Randon.

14. MOTHER'S MAIDEN NAME

Luvonia Randon.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. James Best. 227 N. Fulton Ave.

18.

171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of the Cervix

over 6 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 2, 1950, to March 12, 1951, that I last saw the deceased alive on March 11, 1951, and that death occurred at 2.05 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Heckel H. Kroschke

M. D.

1325 W. Lanvale Street

3/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

march 17, 1951

Arbutus Memorial

Arbutus

md..

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1951

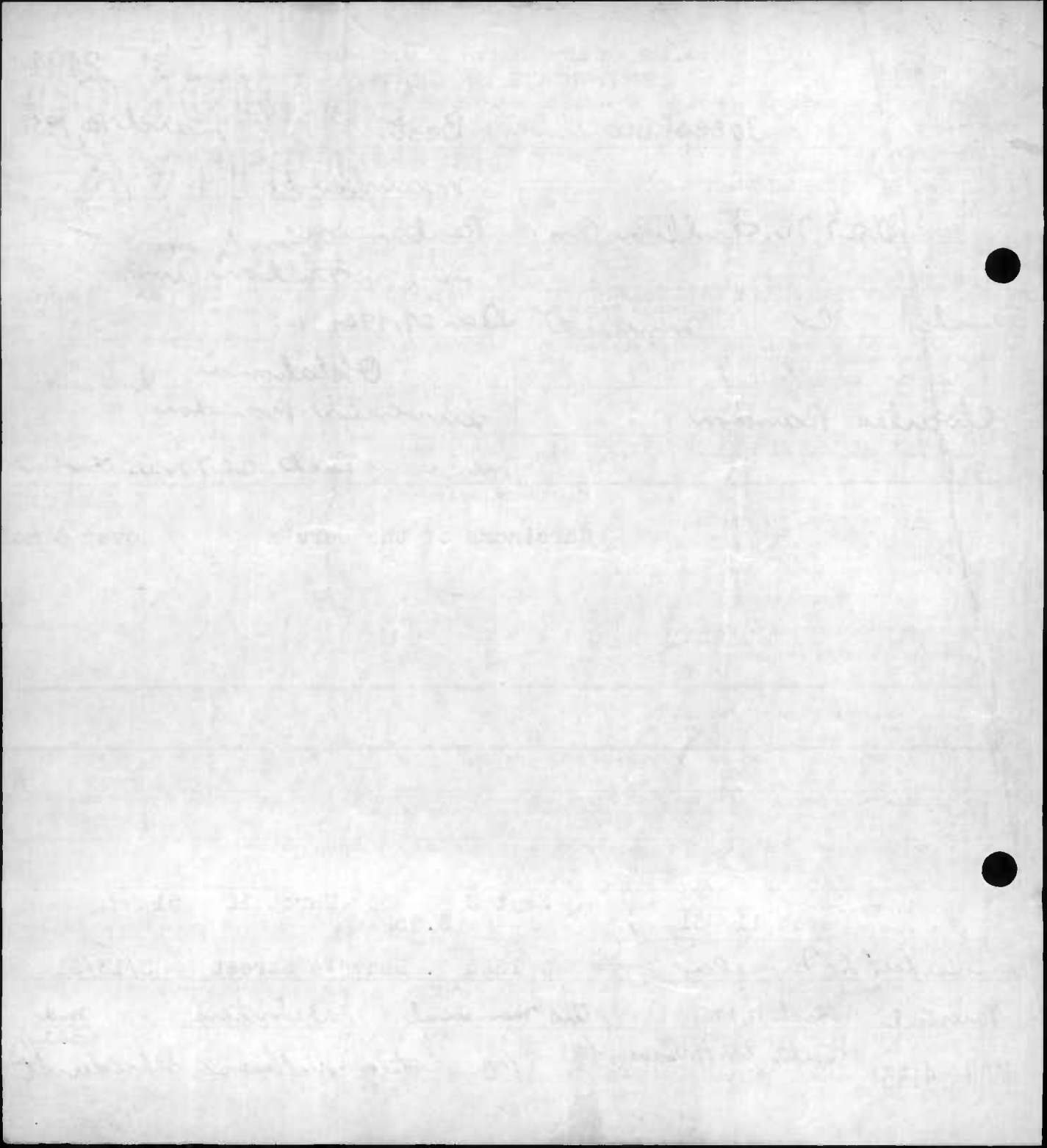
Huntington Williams, M.D.

Mrs. Katie R. Wallicks, 322 N. Schuler St.

VS 150

48a

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2405

524
BIRTH NO. 2405

1. NAME OF DECEASED (Type or Print) ATHERINE SIN CLAIR.		2. DATE OF DEATH 3/13/51.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution? residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) B. CITY. BALTIMORE	
5. Length of stay in Baltimore Life.		O. STREET ADDRESS (If rural, give location) 6824. DUNBAR. 5300	
5. SEX F.	6. COLOR OR RACE WHITE.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED.	8. DATE OF BIRTH 3/4/1909. 9. AGE (In years, last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Baltimore.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Harris.		14. MOTHER'S MAIDEN NAME Mary Morgan.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 217-03-4962	
17. INFORMANT MRS MARY L. MORGAN N. ROLLING		ADDRESS 201	

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uraemia.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Recent haemorrhage.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/12/51 to 3/13/51 , 19 51 , that I last saw the deceased alive on 3/12/51 , 19 51 , and that death occurred at 3:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Reed Carroll		23B. ADDRESS Church Home -		23C. DATE SIGNED 3/13/51.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/14/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Parkville Md		24E. STATE Md		24F. DATE RECEIVED BY LOCAL REGISTRAR MAR 1 4 1951	
24G. REGISTRAR'S SIGNATURE W. Reed Carroll		24H. FUNERAL DIRECTOR W. Reed Carroll Home		24I. ADDRESS 2112 Dundalk	

CERTIFICATE OF DEATH

2007

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

Marital Status

Previous Illnesses

Signature of Physician

Signature of Registrar

Signature of Informant

Signature of Witness

Signature of Coroner

Signature of Medical Examiner

Signature of Funeral Home

Signature of Burial Society

Signature of Cemetery

Signature of Interment Society

Signature of Burial Society

Signature of Cemetery

Signature of Interment Society

Signature of Burial Society

Signature of Cemetery

Signature of Interment Society

Signature of Burial Society

Signature of Cemetery

Signature of Interment Society

Signature of Burial Society

Signature of Cemetery

240
2406BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2406
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr FRANCIS L. BAGLI

2. DATE
OF
DEATH

3-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)203 EAST 39th ST BALTO-MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write FULL and give township)

12-01

D. STREET ADDRESS (If rural, give location)

203 EAST 39 ST

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-26-1895

9. AGE (In years,
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MEDICAL DOCTOR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

VINCENT J. BAGLI

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ELIZABETH O.C. BAGLI- 203 E. 39 ST

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Prostate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1951, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis Krause

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

March 14, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-15-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Ave Cem

24D. LOCATION (City, town, or county)

FREDERICK AVE BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Thomas J. Kennedy Inc. 1600 Hollins St

MAR 14 1951

VS 150

07580

51 B

STATE OF TEXAS
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

2010

10-31

NAME OF DECEASED _____	
SEX _____	
AGE _____	
DATE OF BIRTH _____	
PLACE OF BIRTH _____	
OCCUPATION _____	
CAUSE OF DEATH _____	
PLACE OF DEATH _____	
TIME OF DEATH _____	
SIGNATURE OF DECEASED _____	
SIGNATURE OF WITNESS _____	
SIGNATURE OF PHYSICIAN _____	
SIGNATURE OF CLERK _____	

420

51 2407

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2407

Registered No.

1. NAME OF DECEASED
(Type or Print)

Florence Blake

2. DATE
OF
DEATH

March 12-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland
Baltimore 10-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1137 Valley St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Dec. 1877

9. AGE (in years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Blake

14. MOTHER'S MAIDEN NAME

Rebecca Schafer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cardio - Vascular - Renal Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Feb 1951, to March 12, 1951, that I last saw the deceased alive on March 10, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Silberfeld

M. D.

23B. ADDRESS

714 E. Pratt St

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 14 1951

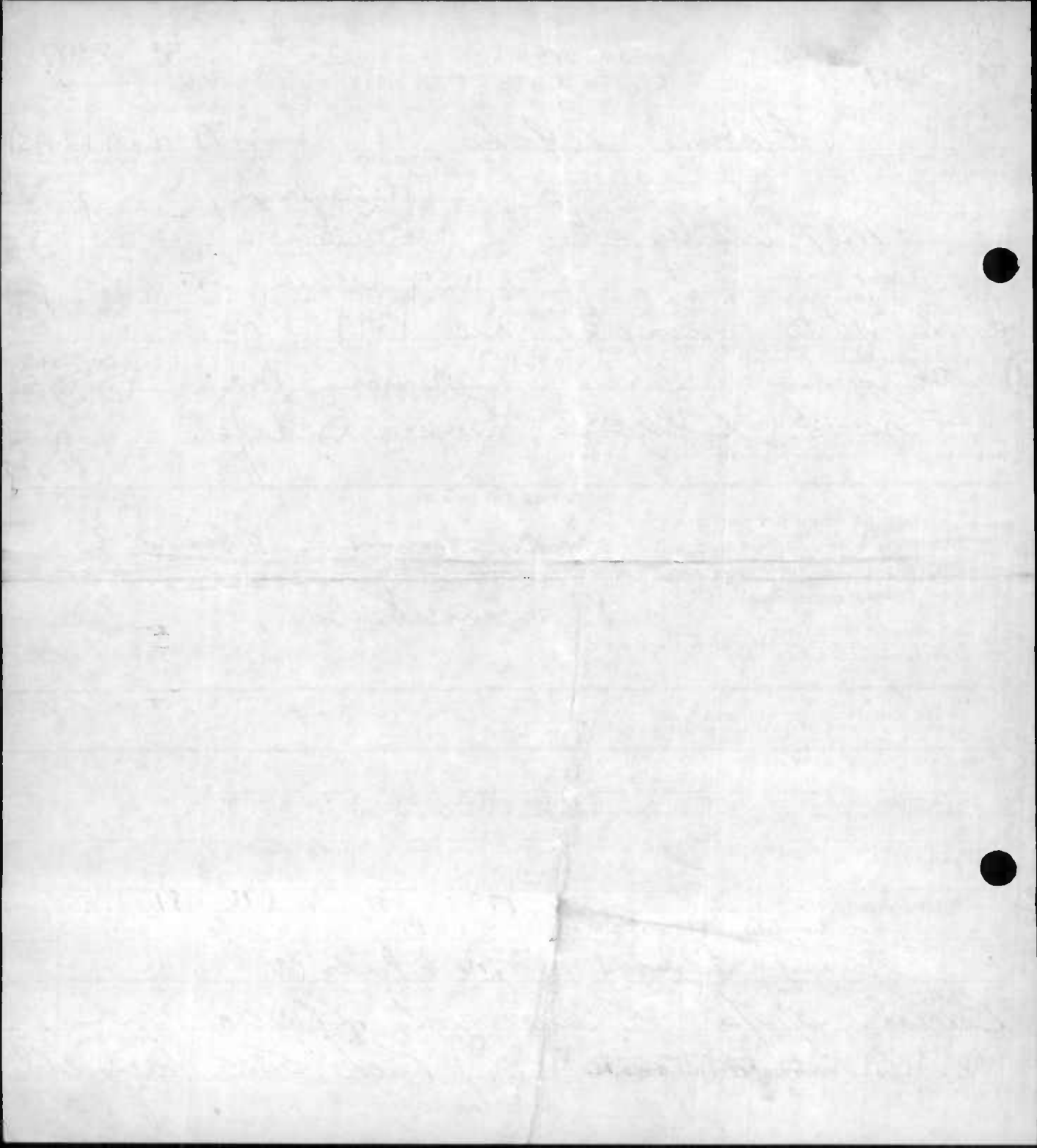
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Harford Rd



220
51 2408BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2408

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Rose Jockisch

2. DATE
OF
DEATH

March 13-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

4700 Harford Road.

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes + Menore

Same.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 4, 1951, to March 13, 1951, that I last saw the
deceased alive on March 13, 1951, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

8304 Harford Road

March 13/1951

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1951

L. J. Rick

5305 Harford Rd

SECOND
COP OF THE
ATTORNEY

Dr. Gonsky

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2409
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUDE M. MCGILLICUDDY (ALIAS MACK)

2. DATE
OF
DEATH

MAR. 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-10

D. STREET ADDRESS (If rural, give location)

5111 ST. GEORGE AVE.

Length of stay in Baltimore

? Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7-15-1883

9. AGE (in years last birthday)

67

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

CONNECTICUT

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

ORVILLE RHODES (D)

14. MOTHER'S MAIDEN NAME

HENRIETTA DOTY (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

0

16. SOCIAL SECURITY NO.

✓

17. INFORMANT MRS. BETTY HANSON

ADDRESS

SAME

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

2 m.m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

CARDIAC TAMPONADE

Q. U. E. T. O

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

MYOCARDIAL INFARCTION

Q. U. E. T. O

(C)

CORONARY OCCLUSION

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CORONARY ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 7, 1951, to MAR. 12, 1951, that I last saw the deceased alive on MAR. 12, 1951, and that death occurred at 8:20 P. M., from the causes and on the date stated above.

23. SIGNATURE

Francis H. Ware

M. O.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-13-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 15/51

24C. NAME OF CEMETERY OR CREMATORY

St Johns

24D. LOCATION (City, town, or county) (State)

"Waverly" Balto. Ind.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 15 1951

REGISTRAR'S SIGNATURE

Francis H. Ware

25. FUNERAL DIRECTOR

Henry N. Jenkins Room 6 4905 York Rd

520 2410

51 2410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter M. Lanius

2. DATE
OF
DEATH March 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

771 McKewin Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

771 McKewin Ave.

C. Length of stay in Baltimore

40 yrs,

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15, 1875

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Train Dispatcher

10B. KIND OF BUSINESS OR
INDUSTRY

Penn. R. R.

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Lanlus

14. MOTHER'S MAIDEN NAME

Agnes Duncan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

717-07-7873a

17. INFORMANT

ADDRESS

Mrs. W. M. Lanlus

Same

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

11

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1941, to Mar. 13, 1951, that I last saw the deceased alive on Mar 7, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Pearce

M. D.

23B. ADDRESS

2105 N Charles St

23C. DATE SIGNED

Mar. 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-16-1951

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 15 1951

H. W. Jenkins & Sons CO.

25. FUNERAL DIRECTOR

H. W. Jenkins & Sons CO. 4905 York Rd.

ADDRESS

✓ 001 32
DR. N. PIERCE

2105 N. CHARLES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2411
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS DOSS

2. DATE
OF
DEATH

MAR 14, '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP.

Yrs.
Mos.
Days

Length of stay in Baltimore

1 day

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 10, 1895

9. AGE (In years
last birthday)

55

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Storekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Govt.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Lewy Doss

14. MOTHER'S MAIDEN NAME

Hona Widner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard Doss Joppa Md

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Nephrosclerosis due to old
hypertensive cardiovascular
disease

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) CARDIAC FAILURE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 13, 1951, to MAR 14, 1951, that I last saw the
deceased alive on MAR 14, 1951, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Edmund B. Middleton, M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

Mar 14, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

Huntington Williams

P. Howard M. McCombs

Joppa Md

VS 150

390 91

Abney Rd 131a

We note that patient was
in hospital but one day,
however, if the
underlying cause could
be determined from
clinical record or a
probable cause —
this would be appreciated
& used only statistically
for coding purposes

See Document File 51-2411

4/2/51

ES

342
51 2412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2412

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Stolzenbach

2. DATE
OF
DEATH

MARCH 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3801 Frederick Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-08

D. STREET ADDRESS (If rural, give location)

3801 Frederick Ave

Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 24, 1889

9. AGE (In years,
last birthday)

61

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grave Digger

10B. KIND OF BUSINESS OR INDUSTRY

Cemetery

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Stolzenbach

14. MOTHER'S MAIDEN NAME

MARY KENNEDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Lyla Stolzenbach 3801 Frederick

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from JAN, 1951, to March, 1951, that I last saw the deceased alive on MAR 2, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Brown

23B. ADDRESS

3325 Frederick Ave

23C. DATE SIGNED

3/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

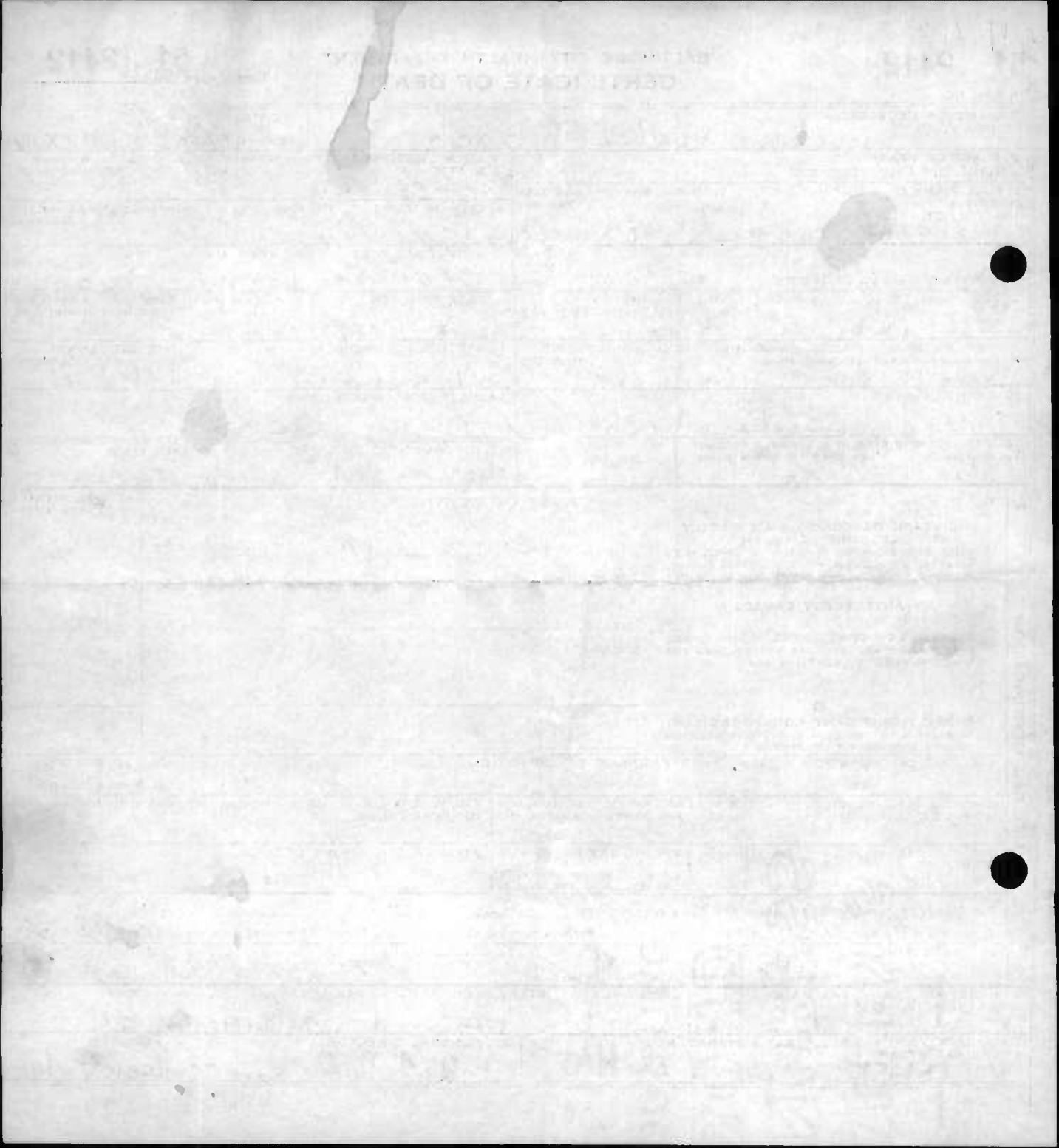
VS 150

97074

94a

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the date of death clearly and legibly.



534
51 2413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2413
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX KANDEL		2. DATE OF DEATH 3-14-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4203 Park Heights Ave Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore 62 Yrs. 62 Mos. 62 Days		D. STREET ADDRESS (If rural, give location) 4203 Park Heights Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor		10B. KIND OF BUSINESS OR INDUSTRY Furnishing	9. AGE (In years last birthday) 88
11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harry		14. MOTHER'S MAIDEN NAME Ethel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Louis Kandel		ADDRESS 4110 E Lombard	

18. 450.0 and 191X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROSIS, GENERALIZED	CAUSE OF DEATH (A) ARTERIOSCLEROSIS, GENERALIZED (B) 10-20/75 (C)	INTERVAL BETWEEN ONSET AND DEATH
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BASAL CELL CARCINOMA SCAP		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION JAN. 18, 1951	19B. MAJOR FINDINGS OF OPERATION BASAL CELL CARCINOMA	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN. 7, 1951**, to **MARCH 14, 1951** that I last saw the deceased alive on **MARCH 14, 1951**, and that death occurred at **12.00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Benjamin S. Lybarten** M. D. 23B. ADDRESS **121 S. HIGHLAND AVE** 23C. DATE SIGNED **3/14/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-15-51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE Wm. J. H. ...	25. FUNERAL DIRECTOR Jack ...	ADDRESS 7100 Eatan Pl
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MEDICAL CERTIFICATION

VALLEY
CONCRETE
BOND
INDUSTRIES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JULIUS STEINBERG		2. DATE OF DEATH 3.14.1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Doctors Hospital, Baltimore		C. CITY OR TOWN (If outside corporate limits write RURAL, and give township) Baltimore 15-03	
Length of stay in Baltimore 15 years		D. STREET ADDRESS (If rural, give location) 1601 Ruxton Ave	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4.8.1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattle dealer		10B. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 67
13. FATHER'S NAME Haymann Steinberg		11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. —		14. MOTHER'S MAIDEN NAME Johanna Kolmann	
		17. INFORMANT ADDRESS Arthur Baer 1812 Ruxton Ave	

18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Uremia nephrosclerosis	INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO _____	(B) _____ DUE TO _____	
(C) _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **a.m. 11 3.14.1951** to **3.14.1951** that I last saw the deceased alive on **3.14.1951**, and that death occurred at **12:55 m.**, from the causes and on the date stated above.

23A. SIGNATURE Dr. Harold H. Bix M.D.		23B. ADDRESS 2516 Linton Ave		23C. DATE SIGNED 3-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-15-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR'S ADDRESS Jack Lewis Inc 2100 Eutaw Pl			
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.			

Part

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2415**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BORIS SHUB			2. DATE OF DEATH 3-14-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3307 Carlisle Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3307 Carlisle Ave			E. LENGTH OF STAY IN BALTIMORE 46 Yrs. 16 Mos. 16 Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 68		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10B. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? Sylova
13. FATHER'S NAME Abraham			14. MOTHER'S MAIDEN NAME Sylova		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Hessie Shub - Home		

CAUSE OF DEATH

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Stokes-Adams Syndrome DUE TO (B) Chronic Myocarditis DUE TO (C) Coronary Artery Sclerosis and Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 10 minutes 10 years. 10 years. 8 yrs.
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ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 9 1951** to **3-14**, 19**51**, that I last saw the deceased alive on **3-14**, 19**51**, and that death occurred at **7 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Harman Schurz M.D.	23B. ADDRESS 3429 Liberty Heights	23C. DATE SIGNED 3-15-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-15-51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Frank Sawyer	ADDRESS 2100 East Ave
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29644

94a

MEDICAL CERTIFICATION

3429
2992
Vehuff
Liberty

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2416
Registered No. _____

R-324
51 2416
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary D. Ridgley		2. DATE OF DEATH 3/12/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1615 McHenry St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) 1615 McHenry St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1870
9. AGE (in years last birthday) 80		10. CITIZEN OF WHAT COUNTRY? _____	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME John A. Boone		14. MOTHER'S MAIDEN NAME Justina Griesse	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Harry D. Ridgley		ADDRESS 1615 McHenry St.	

18. 446x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatoid arthritis		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March , 1940, to March 12 , 1951, that I last saw the deceased alive on 3-12 , 1951, and that death occurred at 11 P. m. , from the causes and on the date stated above.				
23A. SIGNATURE M. B. Kreitzer M. D.		23B. ADDRESS 54 S. Fulton Ave		23C. DATE SIGNED 3-14-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/15/51	24C. NAME OF CEMETERY OR CREMATORY Good Shepherd, Howard Co. Rockland, Md.	24D. LOCATION (City, town, or county) (State) 4101 Edmondson Ave
DATE RECEIVED BY LOCAL REGISTRAR MAR. 5 1951		REGISTRAR'S SIGNATURE Harry D. Ridgley	
25. FUNERAL DIRECTOR Harry D. Ridgley		ADDRESS 4101 Edmondson Ave	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2417**

51 2417

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Henry C. Hornfeck		2. DATE OF DEATH 3/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 507 Mt. Holly St.		D. STREET ADDRESS (If rural, give location) 507 Mt. Holly St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1869	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Ryan Ward		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Carl Hornfeck		14. MOTHER'S MAIDEN NAME Eva----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216 12 0036		17. INFORMANT ADDRESS B -Mrs. Minnie Hornfeck, 507 Mt. Holly St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162 x I CAUSE OF DEATH Bronchogenic Carcinoma and Pleural effusion		INTERVAL BETWEEN ONSET AND DEATH 2/1-51		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1 , 19 51 , to Mar 12 , 19 51 , that I last saw the deceased alive on 3/12 , 19 51 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles C. ...		23B. ADDRESS 2145 W. Baltimore St.		23C. DATE SIGNED 3/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/15/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Balto. 29, Md.	
24D. LOCATION (City, town, or county) (State) Balto. 29, Md.		DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Harry A. ...	
25. FUNERAL DIRECTOR Harry A. ...		ADDRESS 4101 Edmondson Ave.			

1945

RECEIVED

1945

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1810 1820 1830 1840 1850 1860 1870 1880 1890 1900

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2418

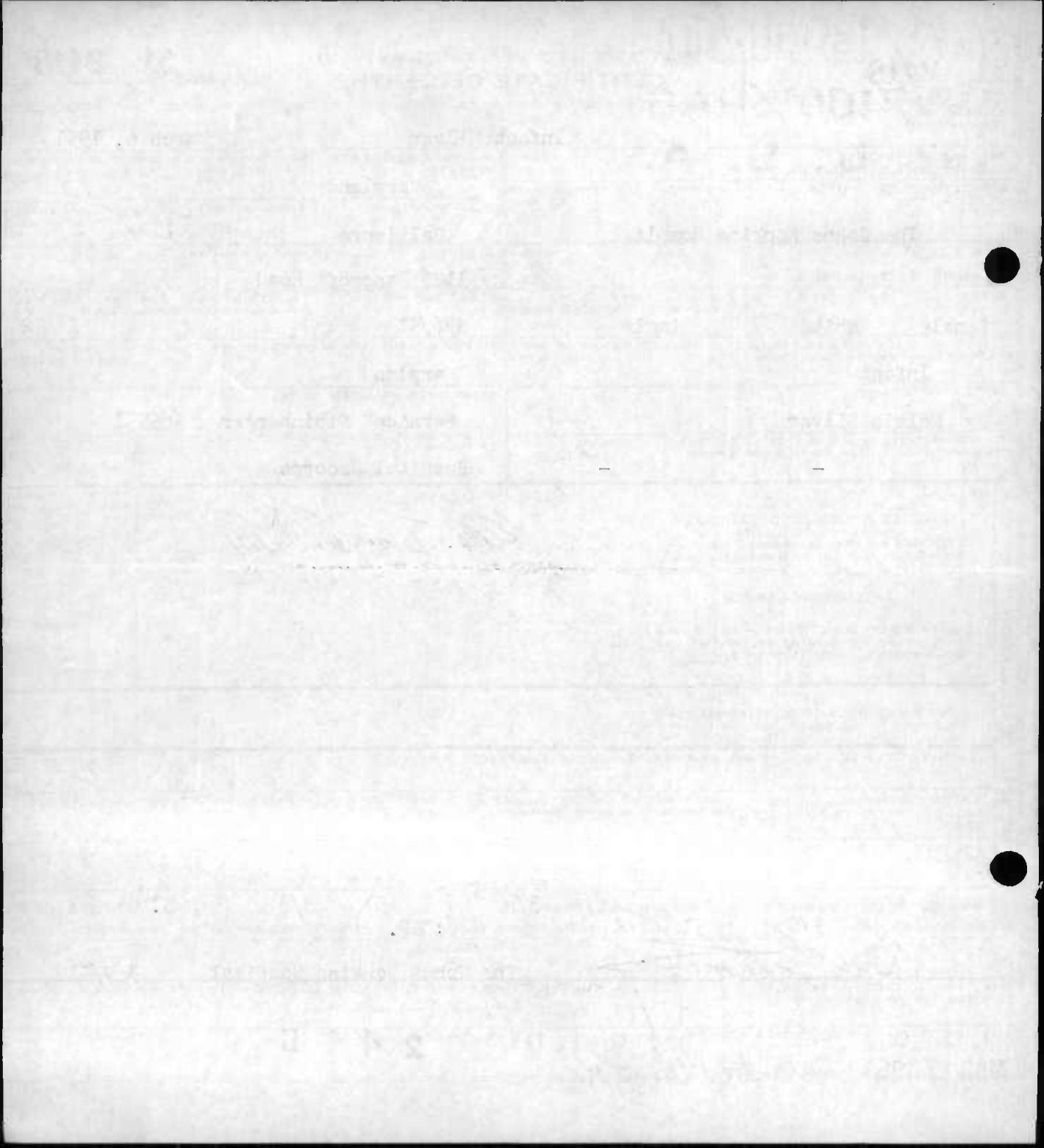
BIRTH NO. 51-06267

1. NAME OF DECEASED (Type or Print)		Infant Silver		2. DATE OF DEATH March 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 0		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		D. STREET ADDRESS (If rural, give location) 3106 Bancroft Road		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/6/51	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Melvin Silver		14. MOTHER'S MAIDEN NAME Bernice Steinberger 565552	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Hospital Records	

18. 776 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Other Intoxication DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/6 , 19 51 to 3/6 , 19 51 that I last saw the deceased alive on 3/6 , 19 51 and that death occurred at 6:05 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS The Johns Hopkins Hospital	23C. DATE SIGNED 3/9/51		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>[Signature]</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR 5 1 0 2 4 1 5	ADDRESS



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2419
Registered No.

51 2419
BIRTH NO. 50-14374

1. NAME OF DECEASED (Type or Print) <i>Wm. Branch</i>		2. DATE OF DEATH <i>Mar 10, 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>H L H O.P.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Ind</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-01</i>	
D. STREET ADDRESS (If rural, give location) <i>1107 E. Lexington St</i>		8. DATE OF BIRTH <i>8-14-50</i>	
5. SEX <i>Male</i>		9. AGE (In years last birthday) <i>26</i>	
6. COLOR OR RACE <i>Negro</i>		10. UNDER 1 Year Months: Days	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Ind</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
10B. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME <i>Rose</i>	
13. FATHER'S NAME <i>Wm. Branch</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

MEDICAL CERTIFICATION

18. <i>511X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Peritonitis and Retro-pharyngeal Abscess.</i>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <i>Peritonitis and Retro-pharyngeal Abscess.</i> DUE TO (B) <i>Peritonitis and Retro-pharyngeal Abscess.</i> DUE TO (C)		
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>30</i> , 19 <i>50</i> , to <i>10</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Mar 10, 51</i> and that death occurred at <i>10 P.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Susapian</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-10-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Hayfield</i>	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR <i>216</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. Branch</i>		25. FUNERAL DIRECTOR <i>216</i>	

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

650
2420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2420

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENRY G. MORAN		2. DATE OF DEATH Mar. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY 18-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN Sq. HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1031 W. LOMBARD ST	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-29-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MIL. POLICE		10B. KIND OF BUSINESS OR INDUSTRY BORR.	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) CLARKSBURG, W. VA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ELIJAH S. MORAN		14. MOTHER'S MAIDEN NAME MOLLIE HALL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 218-22-7909	
17. INFORMANT MRS ELISIE MORAN - SAME		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. My perfrusion		3 yrs

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OR OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 1949** to **March 13, 1951**, that I last saw the deceased alive on **3-13-**, 19**51**, and that death occurred at **9 P** m., from the causes and on the date stated above.

23A. SIGNATURE M. B. Schreier M. O.	23B. ADDRESS 54 S. Fulton Ave	23C. DATE SIGNED 3-14-51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/16/51	24C. NAME OF CEMETERY OR CREMATORY MT OLIVET
24D. LOCATION (City, town, or county) (State) FREDERICK AVE MD	25. FUNERAL DIRECTOR Mildred F. Bight, 6009 Harford	

DATE RECEIVED BY LOCAL REGISTRAR
MAR 15 1951

REGISTRAR'S SIGNATURE
Wm. J. Williams, MD 5

Dr. Robinson
54 S. 7th St.

correct age is especially important. Physicians: please state the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2421

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret P. Clark

2. DATE
OF
DEATH

March 14, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1913 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD.* B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)
1913 Eutaw Place

5. SEX
7.

6. COLOR OR RACE
W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH
July 28 1886

9. AGE (In years;
last birthday)
64

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)
Balto.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Matthew Clark

14. MOTHER'S MAIDEN NAME

Sidney E. Clark?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
Mrs. Catherine Leffert

ADDRESS
*103 Beaumont
Catonville*

18. *470.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Arteriosclerotic Heart
Disease*

INTERVAL BETWEEN
ONSET AND DEATH
Sev. years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 19*51*, to *March 14*, 19*51*, that I last saw the
deceased alive on *March 13*, 19*51*, and that death occurred at *6:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

F. Elsworth Cook

23B. ADDRESS

2431 Md Ave

23C. DATE SIGNED

3-14-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

North + Greenmt MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 15 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Medred J. Bligh

ADDRESS

*6009
Harford Rd*

01. Cook,
2431 Mid. Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2422

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Thomas P. McCormack		2. DATE OF DEATH March 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3042 Windsor Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3042 Windsor Ave.,		15-47	
Length of stay in Baltimore 39 Yrs. Mos. Days		5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Diamond Appraiser		10B. KIND OF BUSINESS OR INDUSTRY Benjamin Co.	
13. FATHER'S NAME Bernard McCormack		14. MOTHER'S MAIDEN NAME Anna McKenna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? _____	
17. INFORMANT Mrs. Bridget M. McCormack		ADDRESS 3042 Windsor	

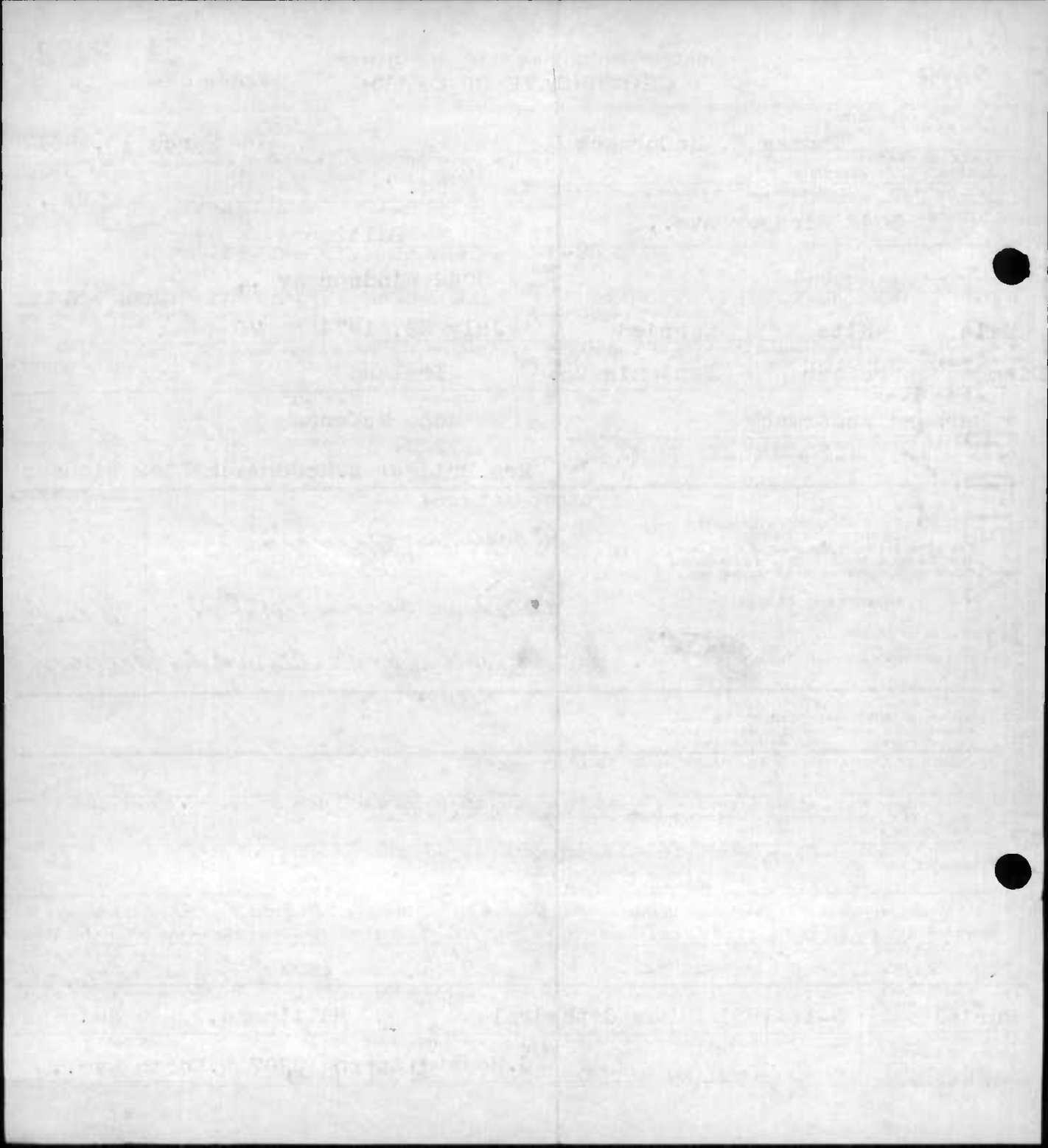
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cornary occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac decompensation		
(B) Arteriosclerotic Cardio Vascular Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from June, 1950, to Mar 13, 1951, that I last saw the deceased alive on Mar 13, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

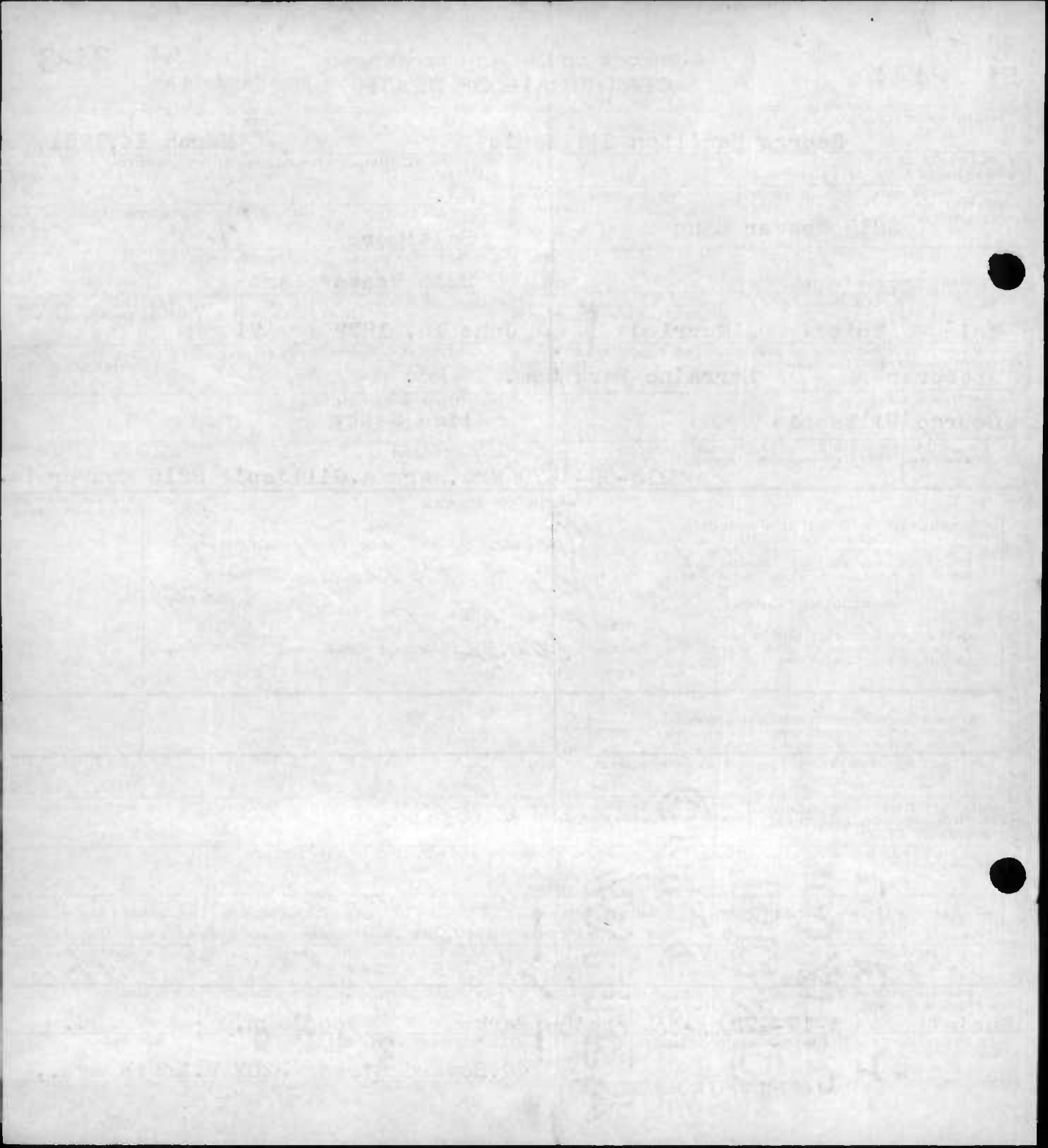
23A. SIGNATURE Dorothy Robinson M. D. 23B. ADDRESS 2835 Jaynes Falls Pkwy 23C. DATE SIGNED 3/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-16-1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	



421
51 2423BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2423
Registered No.

1. NAME OF DECEASED (Type or Print) George Hamilton Gillespie		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 28-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2215 Weaver Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2215 Weaver Lane	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Lorraine Park Cem.	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Gillespie		14. MOTHER'S MAIDEN NAME Alice Getty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-09-1879	
17. INFORMANT Mrs. Mary A. Gillispie		ADDRESS 2215 Weaver Lane	
18. 526X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pulmonary insufficiency DUE TO due to Bronchiectasis (B) and Chronic Bronchitis DUE TO Congestive heart failure (C) _____ INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1950 , to Mar 14, 1951 , that I last saw the deceased alive on Mar 14, 1951 , and that death occurred at 10A m., from the causes and on the date stated above.			
22A. SIGNATURE [Signature]		22B. ADDRESS 3033 W. North Ave.	
M. D.		22C. DATE SIGNED 3/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-1951	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

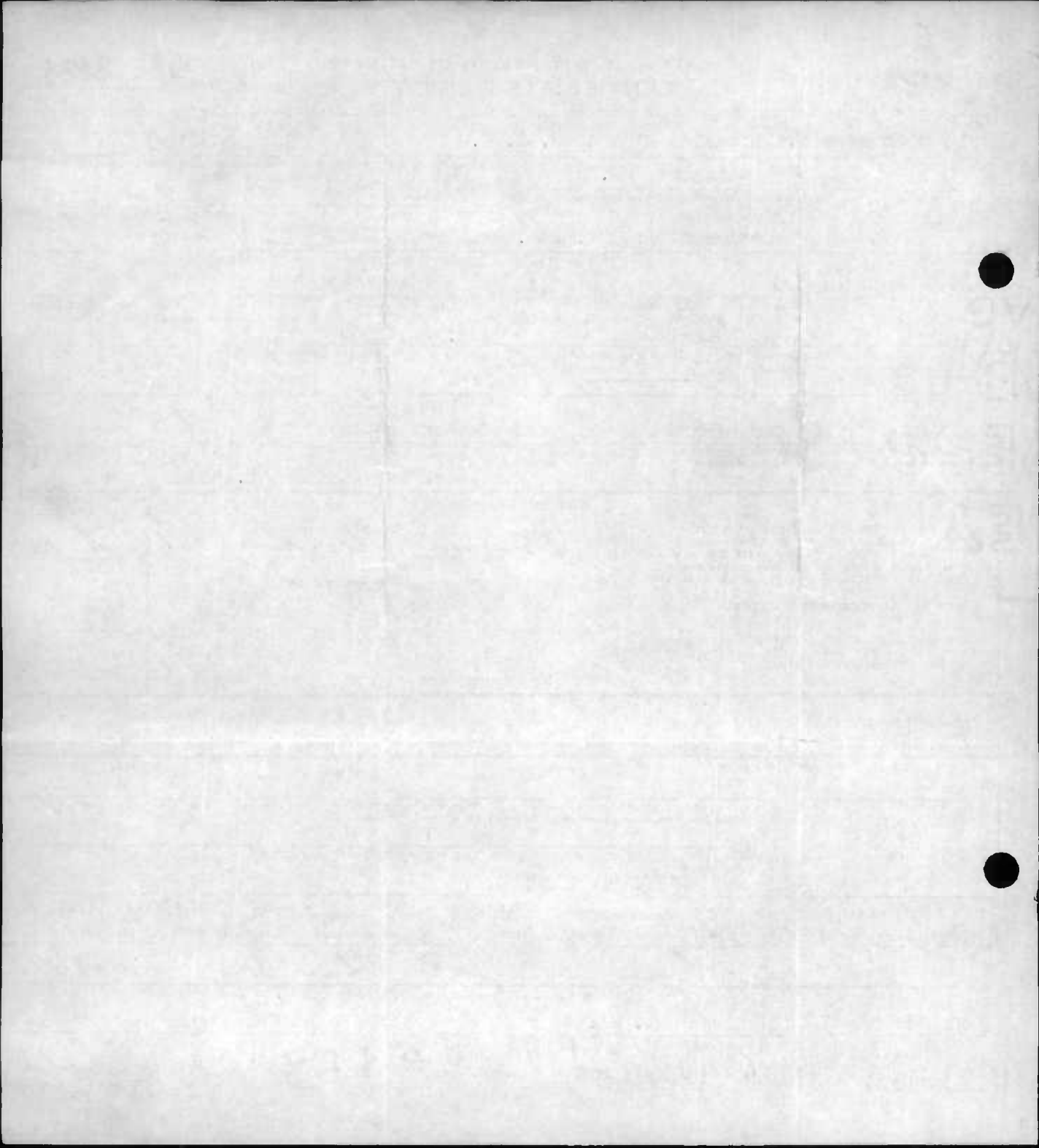
Registered No. **51 2424**

600
51 2424
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sister M. Thomasina O'Hara, R. S. M.			2. DATE OF DEATH 3/14/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Agnes' Convent, Mt. Wash.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 82 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Mount Washington		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 27, 1869	9. AGE (In years last birthday) 82	10 Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sister of Mercy			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Thomas O'Hara		
14. MOTHER'S MAIDEN NAME Catherine Moran			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Sister Mary Edith Mt. Washington		

MEDICAL CERTIFICATION	18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Primary Carcinoma of Sigmoid DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-5-51 , 19 51 , to 3-14 , 19 51 , that I last saw the deceased alive on 3-13 , 19 51 , and that death occurred at 42 m., from the causes and on the date stated above.					
23A. SIGNATURE P. H. Ryan M. D.		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 3-14-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/16/51		24C. NAME OF CEMETERY OR CREMATORY Mt. St. Agnes'	
24D. LOCATION (City, town, or county) Mount Washington		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951			
REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.		25. FUNERAL DIRECTOR W. W. Meade		ADDRESS 4805 N. Calvert St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2425
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Virginia Russell		2. DATE OF DEATH 3/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 00 237 E. Twenty-Fifth Street		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
6. Length of stay in Baltimore 82 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 237 E. 25th St.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Aug. 7, 1868
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. AGE (In years last birthday) 82 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
13. FATHER'S NAME John Joyce		14. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. KIND OF BUSINESS OR INDUSTRY -----		18. MOTHER'S MAIDEN NAME Mary Mulligan	
19. SOCIAL SECURITY NO.		20. INFORMANT ADDRESS Most. Rev. John J. Russell Charleston, S.C.	

19. 332X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS		4 mon.
DUE TO		
ANTECEDENT CAUSES ARTERIOSCLEROSIS		UNKNOWN
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CORONARY THROMBOSIS		2 yrs.
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MAR 12, 1942 to MAR 13, 1951 , that I last saw the deceased alive on MAR 12, 1951 , and that death occurred at 7:45 p.m. , from the causes and on the date stated above.				

23A. SIGNATURE Edmund J. Cotten		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED MAR 14, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/16/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Wm. W. Meade		25. FUNERAL DIRECTOR ADDRESS Don 805 N. Calvert St.

W. H. BOND
CONGESS
VALLEY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2426
Registered No. _____

BIRTH NO. _____

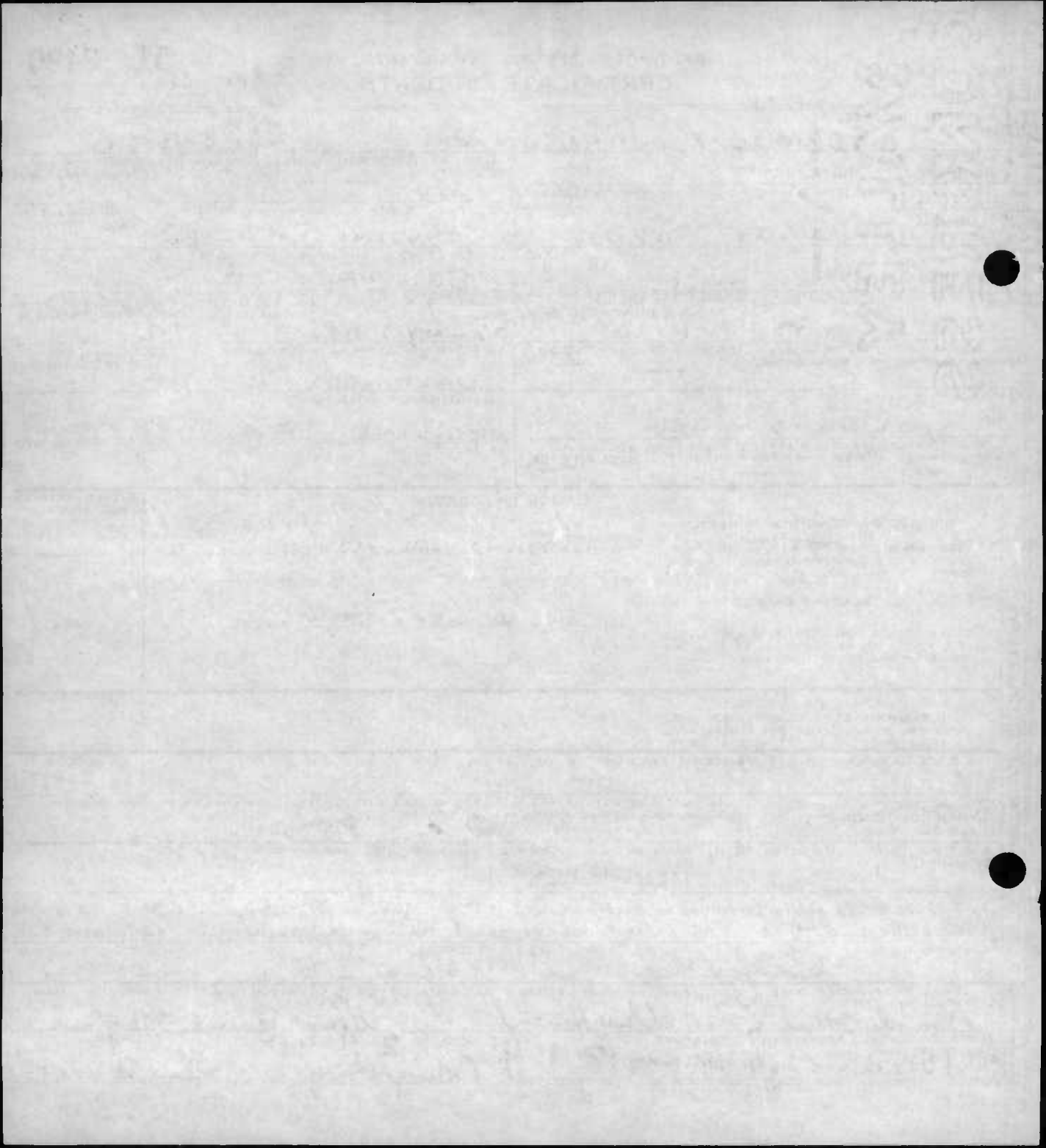
1. NAME OF DECEASED (Type or Print) ELWOOD R. JOHNSON, JR.			2. DATE OF DEATH 3-13-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 25-04		
Length of stay in Baltimore W.F.E.			D. STREET ADDRESS (If rural, give location) 801 JACK ST.		
5. SEX BOY	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH January 13 1951		9. AGE (In years last birthday) 1 1/2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME ELWOOD - SR.			14. MOTHER'S MAIDEN NAME ADELINE CROSBY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

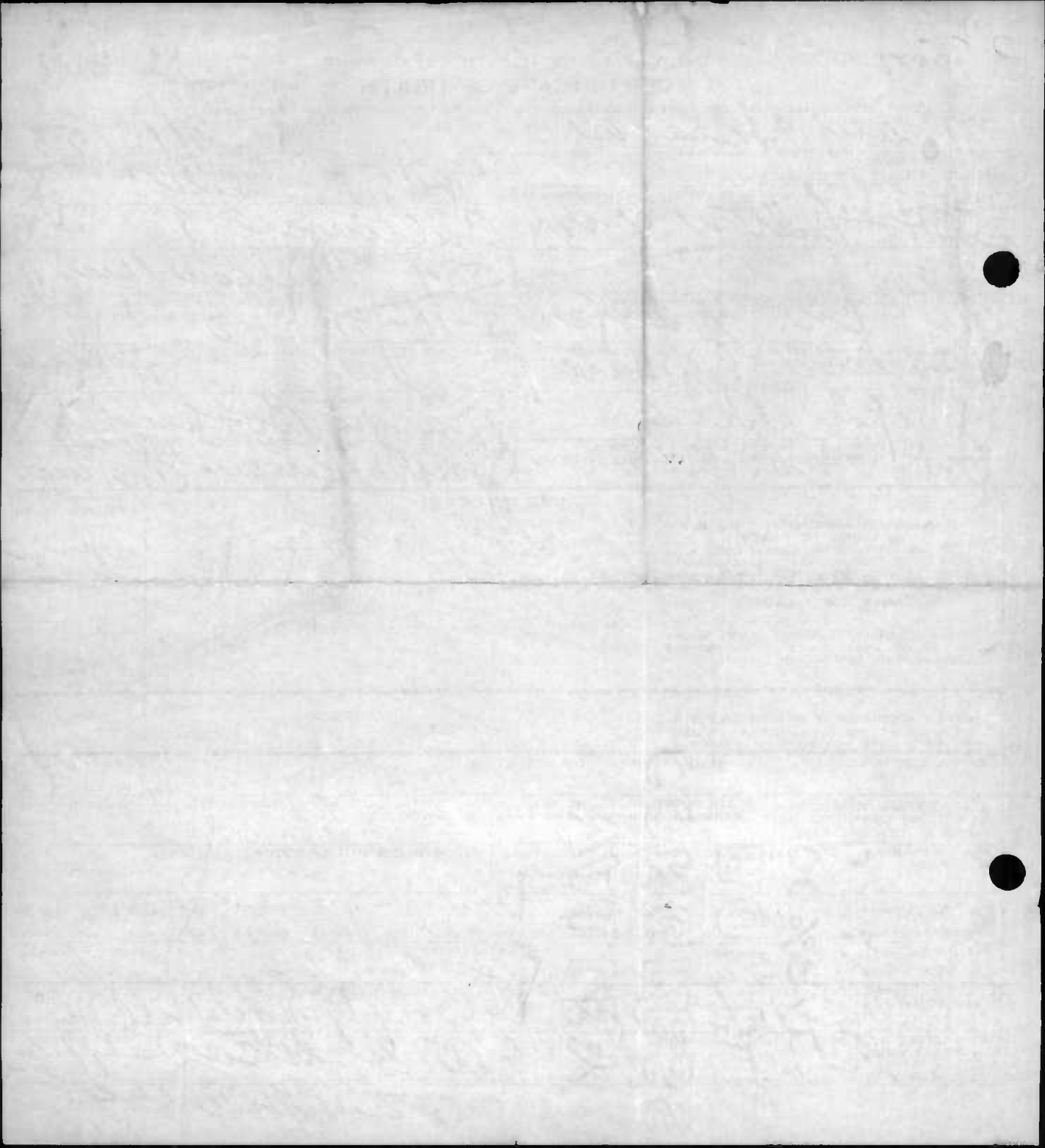
18. 759.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) BRONCHOPNEUMONIA DUE TO ANTECEDENT CAUSES (B) FIBROCYSTIC DISEASE DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2-3-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-3-51 , 1951, to 3-13-51 , 1951, that I last saw the deceased alive on 3-13-51 , 1951, and that death occurred at 6:25 P. M. , from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS U. Hospitals	23C. DATE SIGNED 3-13-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 16, 1951	24C. NAME OF CEMETERY OR CREMATORY Green Haven	24D. LOCATION (City, town, or county) (State) Green Beech, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR R. Y. Singleton	

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2428
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH T. MENTZEL

2. DATE
OF
DEATH

3-14-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3700 N. CHARLES ST # 18

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 17, 1868

9. AGE (In years last birthday)

82

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

HENRY MENTZEL

14. MOTHER'S MAIDEN NAME

ANN ELIZABETH THOMAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MRS. H.C. JONES

ADDRESS

3516 CLIFTON AVE

18. **491X and 170X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **BRONCHOPNEUMONIA**

DUE TO

2 WKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **HYPERTENSIVE CARDIOVASCULAR DISEASE**

DUE TO

10 YRS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

POLYCYSTIC RIGHT KIDNEY

80 YRS.

19A. DATE OF OPERATION

7/3/50

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF LEFT BREAST

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-19**, 19**51**, to **3-14**, 19**51** that I last saw the deceased alive on **3-14**, 19**51**, and that death occurred at **2:35 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Paul G. Harold

23B. ADDRESS

Maryland General Hospital 3/14/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Balto, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 15 1951

REGISTRAR'S SIGNATURE

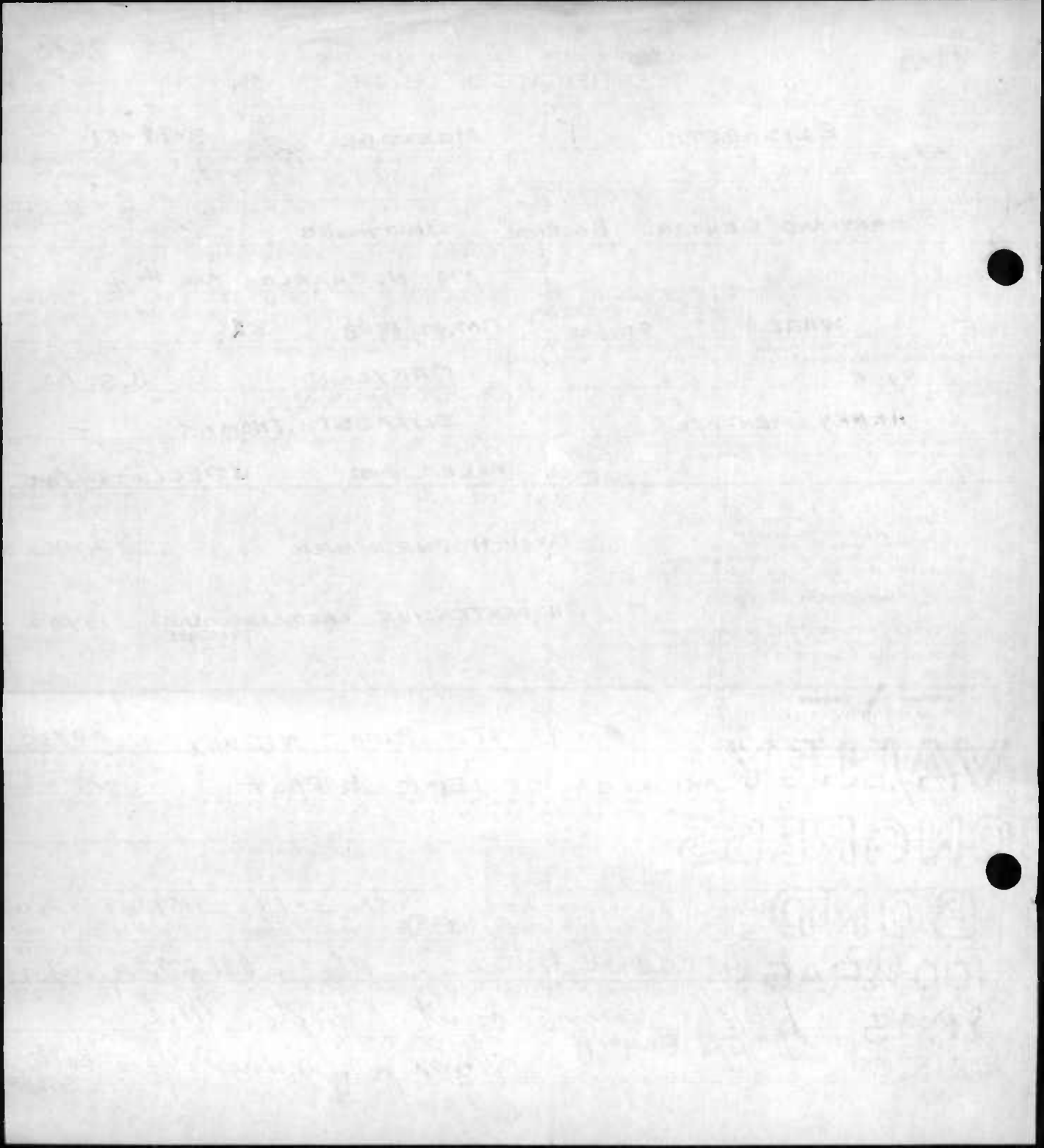
Paul G. Harold

25. FUNERAL DIRECTOR

Thos. J. Tiekner & Sons - Balto Md.

ADDRESS

MEDICAL CERTIFICATION



520
51 2429
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2429
Registered No.

1. NAME OF DECEASED (Type or Print) NETTIE E. JONES		2. DATE OF DEATH Mar. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland.		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY	
8. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3325 Gwynns Falls Pkwy.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 3325 Gwynns Falls Pkwy.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 13, 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 80
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Burkins		14. MOTHER'S MAIDEN NAME Mary Ellen Logan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. C. Howard Jones - 3325 Gwynns Falls Pkwy.		ADDRESS	

18. 331X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage - DUE TO Arterio Sclerosis - DUE TO Arterio Sclerosis -	INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

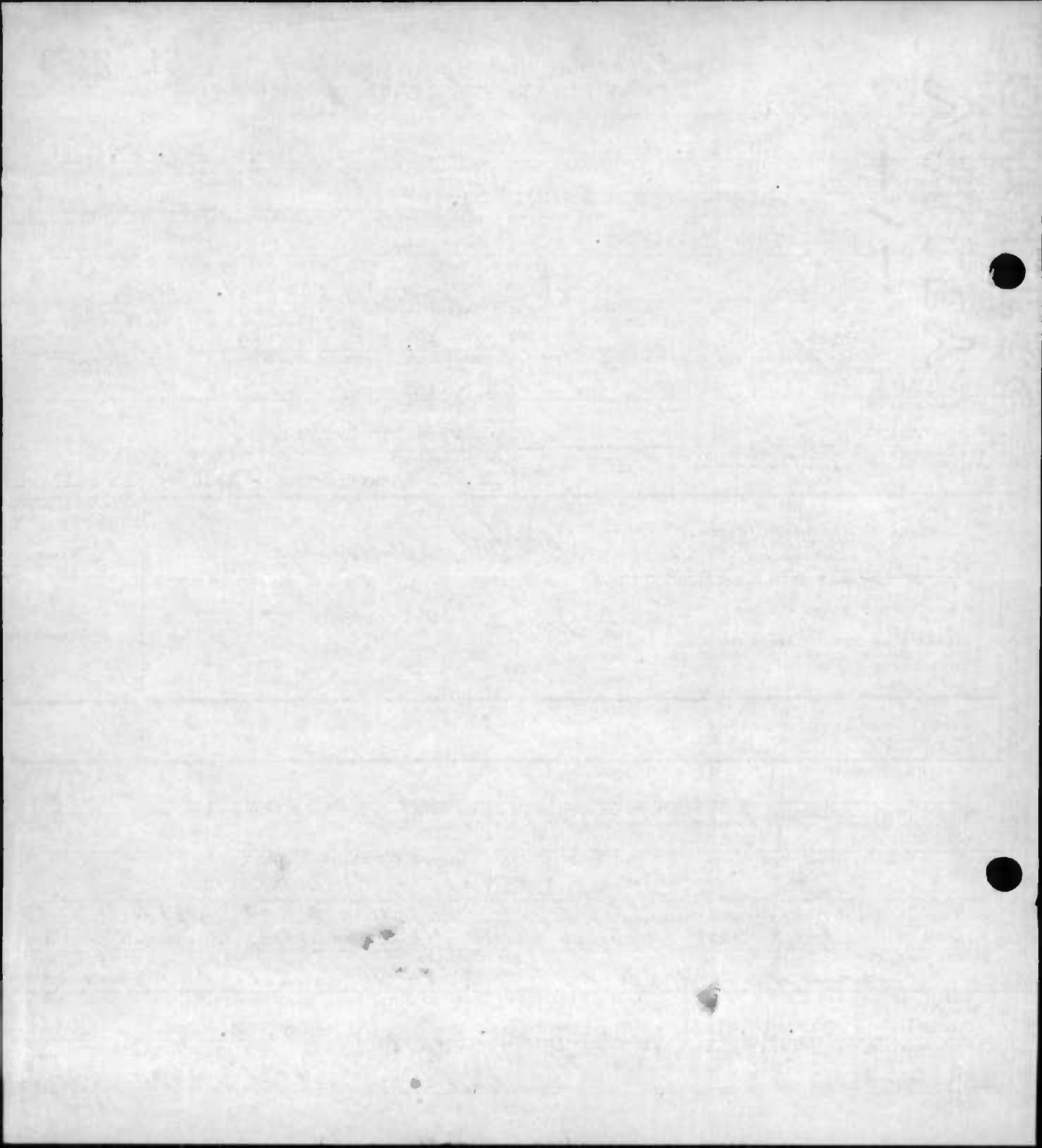
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-1**, 19**45**, to **3-13**, 19**51**, that I last saw the deceased alive on **3-13**, 19**51**, and that death occurred at **11:55 AM** from the causes and on the date stated above.

23A. SIGNATURE **Thomas H. Warner** M. O. **2604 Garrison Bldg** 23B. ADDRESS **3-14-51** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24B. DATE **Mar. 16, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Woodlawn Cem.** 24D. LOCATION (City, town, or county) (State)
Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR **MAR 15 1951** REGISTRAR'S SIGNATURE **William J. Pickens** 25. FUNERAL DIRECTOR **William J. Pickens & Sons - Balt** ADDRESS **Md.**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2430
Registered No. _____

460
51 2430
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENRY LEARY TAYLOR			2. DATE OF DEATH MAR - 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 5312 TILLBURY WAY			E. LENGTH OF STAY IN BALTIMORE 53 Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH NOV. 15 1897	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			10B. KIND OF BUSINESS OR INDUSTRY Ship Chandler		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME RALPH J. TAYLOR (L) (R)			14. MOTHER'S MAIDEN NAME MARY ELIZABETH ROLLISON (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) U			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. H. L. Taylor (wife)			ADDRESS Same		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) MYOCARDIAL INFARCTION DUE TO CORONARY OCCLUSION (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MAR - 8**, 1951, to **MAR - 14**, 1951, that I last saw the deceased alive on **MAR - 14**, 1951, and that death occurred at **10:50 AM.**, from the causes and on the date stated above.

23A. SIGNATURE Richard Beach		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 3-14-51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/16/51		24C. NAME OF CEMETERY OR CREMATORY Louisa Plk.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Dr. J. T. Pickens		25. FUNERAL DIRECTOR Dr. J. T. Pickens & Sons - Balto		ADDRESS 94a Md.	
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0010

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STANDARD STANDARD STANDARD

0010

WALLEY
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FOR
A

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2431**

51 2431
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTHA ANNA MacDONALD			2. DATE OF DEATH Mar. 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 218 Mallow Hill Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 218 Mallow Hill Rd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1881	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Charles Stewart			14. MOTHER'S MAIDEN NAME ? Buckley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Hubert MacDonald 218 Mallow Hill Rd.		

18. 416 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Occlusion DUE TO (B) Chronic Rheumatic Heart Disease DUE TO (C) 20 yrs. (21)		INTERVAL BETWEEN ONSET AND DEATH 10 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

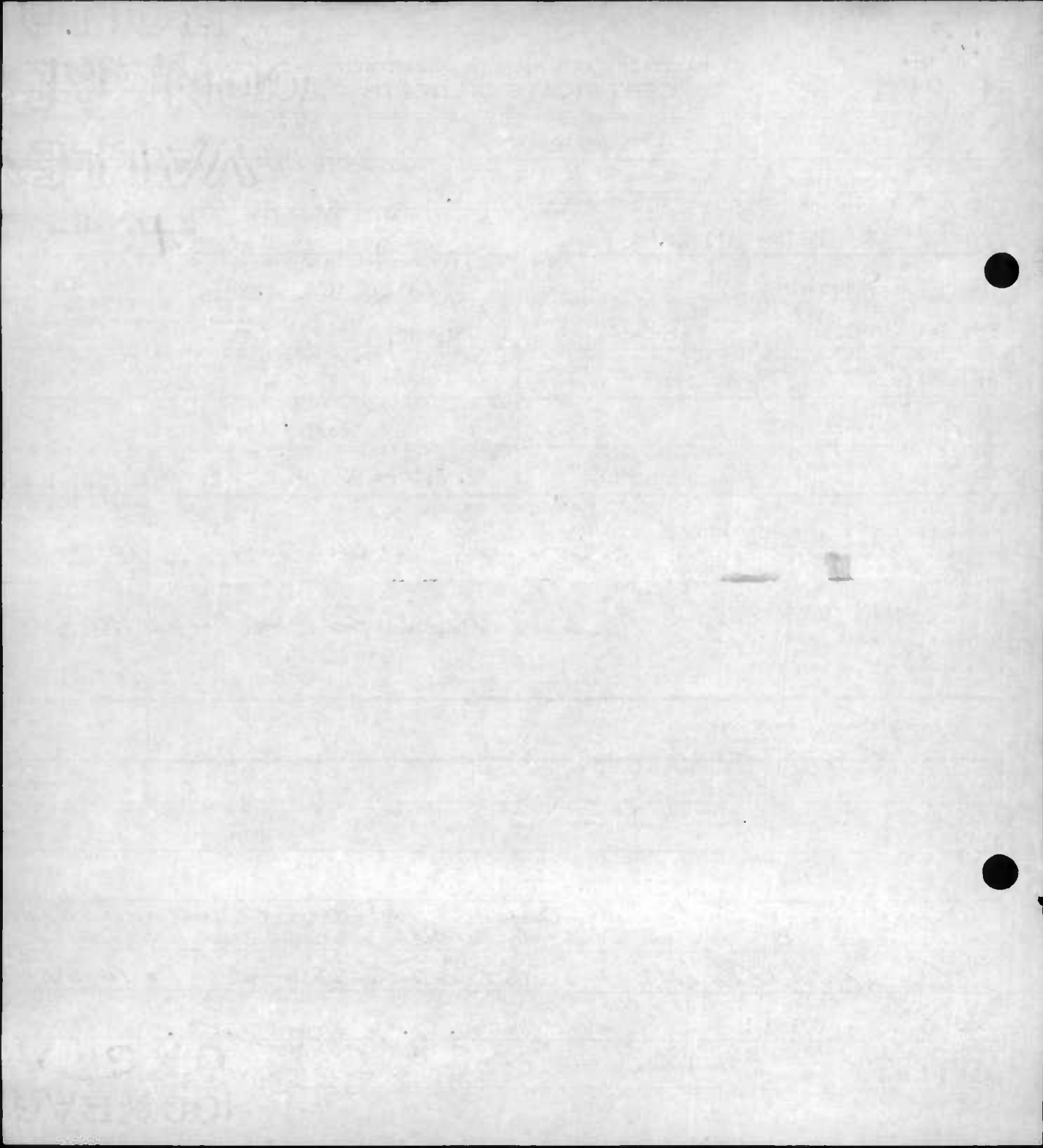
19A. DATE OF OPERATION 3-13-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **August, 1948** to **Mar. 13, 1951**, that I last saw the deceased alive on **3-13, 1951**, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE William K. Gallagher	M. D. Catonville-28, Md.	23C. DATE SIGNED 3-14-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/16/51	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.	24D. LOCATION (City, town, or county) (State) Howard Co., Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE William K. Gallagher	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons - Balt	ADDRESS 95 B Md
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520
2432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2432

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Lelia Jones</i>	
2. DATE OF DEATH <i>March 12, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1109 Laurens St.</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>16-01</i>	
C. CITY OR TOWN (If outside corporate limits, write HUNTER and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1109 Laurens St.</i>	
Length of stay in Baltimore <i>30 years</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug. 2, 1892</i>
9. AGE (In years last birthday) <i>58</i>	10. UNDER 1 Year Months: Days
11. UNDER 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
10A. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Landsey Rowland</i>	14. MOTHER'S MAIDEN NAME <i>Hinnie Edwards</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT <i>James Morris</i>	ADDRESS <i>1109 Laurens St.</i>

MEDICAL CERTIFICATION

18. <i>490x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Japan Pneumonia</i> DUE TO <i>Capillary Bronchitis</i> DUE TO <i>Hypertension</i> DUE TO <i>Partial Hemiplegia - right side</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Three weeks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>2/19/51</i> , 19 <i>51</i> , to <i>3/12/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/12/51</i> , and that death occurred at <i>2</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>W. L. Barkdale</i>	23B. ADDRESS <i>526 N. Carey St.</i>	23C. DATE SIGNED <i>3/12/1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>March 15, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>	25. FUNERAL DIRECTOR <i>W. L. Barkdale</i>	ADDRESS <i>1631 Druid Hill Ave.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1951</i>	REGISTRAR'S SIGNATURE <i>W. L. Barkdale</i>	

152
51 2433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Page 51
Registered No. 2433

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ada Eubanks</i>		2. DATE OF DEATH <i>March 12, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>X</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1636 Bruce Ct.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 15-07</i>	
C. Length of stay in Baltimore <i>54 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1636 Bruce Ct.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb. 14, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Port. family</i>	9. AGE (In years last birthday) <i>54</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>James Pack</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Henry</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Lawrence Pack</i>		ADDRESS <i>1636 Bruce Ct.</i>	

18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage.</i> DUE TO (A) <i>Cerebral Hemorrhage.</i>	CAUSE OF DEATH <i>Cerebral Hemorrhage.</i> DUE TO (B) <i>Cardio-renal Vascular Disease</i> DUE TO (C) <i>Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12-27* 19*50*, to *3-12-* 19*51*, that I last saw the deceased alive on *3-11-* 19*51*, and that death occurred at *5:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE *George C. Page* M. D. *1816 N. Mount St.* 23B. ADDRESS *1816 N. Mount St.* 23C. DATE SIGNED *3-14-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/15/1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore C. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1951</i>		REGISTRAR'S SIGNATURE <i>Walter H. Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>1631 Druid Hill Ave.</i>		ADDRESS <i>1631 Druid Hill Ave.</i>	

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs or sections, but the specific words and sentences are difficult to discern.]

540

51 2434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2434

1. NAME OF DECEASED (Type or Print) JOHN NEWMAN RUMLEY		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Va. B. COUNTY V-43	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norfolk	
Length of stay in Baltimore 87 days Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 425 Bayview Blvd.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 8/16/74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Engineer		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) NC		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Rumley		14. MOTHER'S MAIDEN NAME Susan Fulford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 229-12-7667	
17. INFORMANT Records-US Marine Hospital, Balto, Md.		ADDRESS	
18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) LEUCEMIA CHRONIC DUE TO LYMPHATIC (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH 5 YEARS			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 17 , 19 50 , to Mar. 14 , 19 51 , that I last saw the deceased alive on Mar. 14 , 19 51 , and that death occurred at 11:50 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE John F. Lowrey M. O.		23B. ADDRESS US Marine Hospital, Balto, Md.	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-51	
24C. NAME OF CEMETERY OR CREMATORY Ocean View		24D. LOCATION (City, town, or county) (State) Beaufort, N.C.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE William H. Williams, Jr.	
25. FUNERAL DIRECTOR Howard B. Williams		ADDRESS 2503 Edmondson	

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51 2435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2435

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Susannah Braefield</i>		2. DATE OF DEATH <i>March 13, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley Street</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb. 17, 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years - last birthday) <i>81</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <i>unknown</i>		17. INFORMANT ADDRESS <i>Little Sisters of the Poor 1200 Valley St.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. *4 yr. 1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Chronic Myocarditis*
DUE TOINTERVAL BETWEEN ONSET AND DEATH
3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterio Sclerosis*
DUE TO*10 yrs*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Feb 10*, 1951, to *March 13*, 1951, that I last saw the deceased alive on *March 12*, 1951, and that death occurred at *6:30 P* m., from the causes and on the date stated above.23A. SIGNATURE *E. Gill Hall md*

M. D.

23B. ADDRESS *1631 E North Ave*23C. DATE SIGNED *March 16 51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

VS 150

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1892

STATE OF NEW YORK

IN SENATE
January 10, 1892

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 10, 1892

230
51 2436
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2436

1. NAME OF DECEASED (Type or Print) <i>Anna - E. Rust</i>			2. DATE OF DEATH <i>Mar. 11/1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>20-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2508 W. PRATT-ST</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>-</i>			D. STREET ADDRESS (If rural, give location) <i>2508 West-PRATT-ST</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 17-1892</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Charles Becker</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>William C. Rust</i>			ADDRESS <i>Se-Some</i>		

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Metastatic Carcinoma, left breast</i>	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>30 Months</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i>		<i>Unknown</i>

19A. DATE OF OPERATION <i>2-28-50</i>	19B. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 5</i> 19 <i>50</i> , to <i>March 11</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>March 9</i> , 19 <i>51</i> , and that death occurred at <i>1:00</i> p. m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Nathan Racusin</i>	23B. ADDRESS <i>206 S. Gilman St.</i>	23C. DATE SIGNED <i>3-14-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/15/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>
24D. LOCATION (City, town, or county) (State) <i>Woodlawn - Md</i>	25. FUNERAL DIRECTOR <i>H. B. Wiggert & Son</i>	ADDRESS <i>1300 E. ...</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1951</i>		
REGISTRAR'S SIGNATURE <i>W. B. Williams</i>		

MAR 15 1951

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH.**

51 2437
Registered No. _____

450
51 2437
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Schuehlein			2. DATE OF DEATH March 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 137 S. East Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 137 S. East Avenue		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH July 9, 1861	11. AGE (In years last birthday) 89	12. If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY _____		
13. FATHER'S NAME ? Eck			14. MOTHER'S MAIDEN NAME Mary C. ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs. Ida E. Dieter, 6008 Hamilton Avenue			ADDRESS _____		

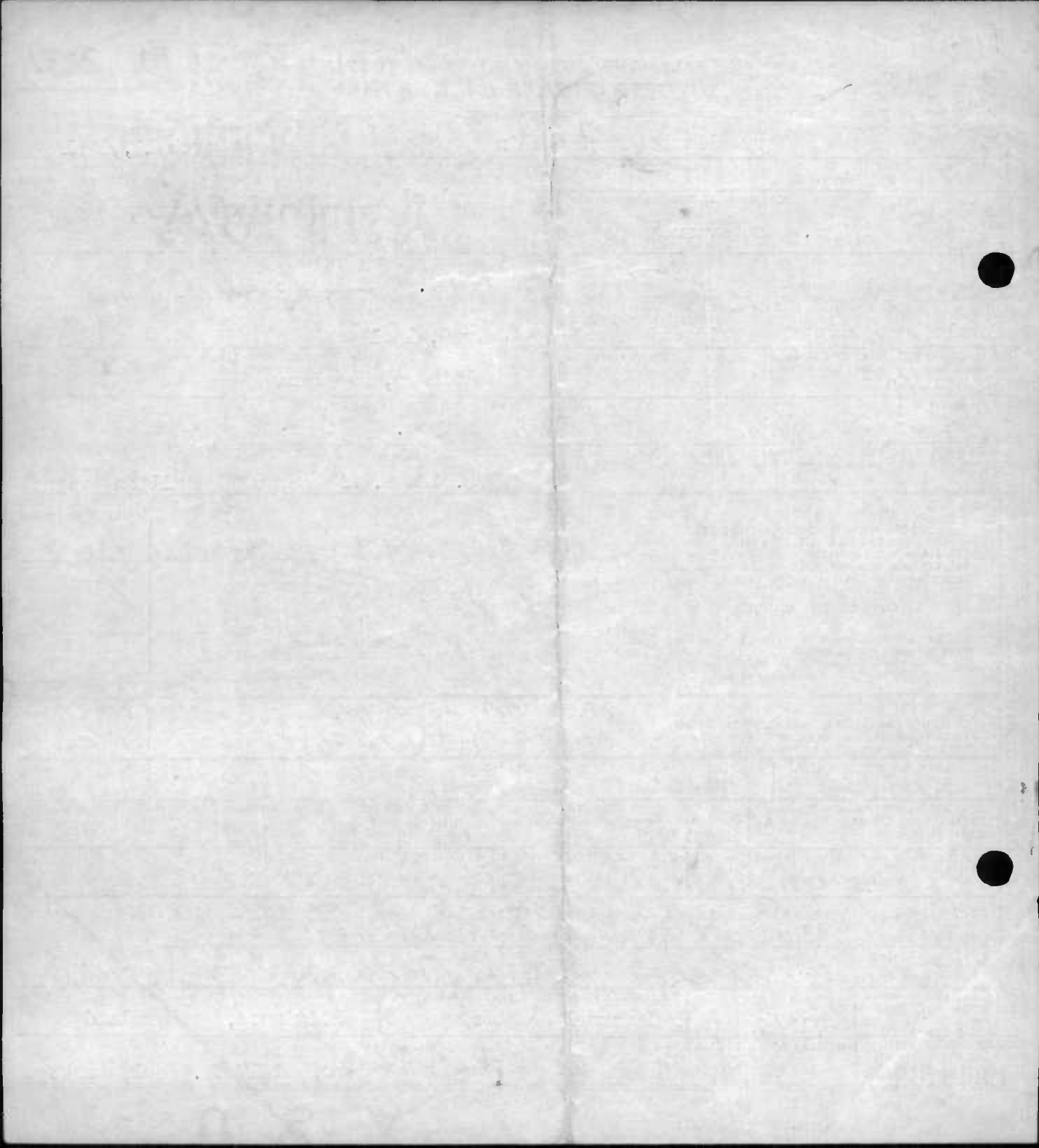
18. 450.0 and E900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIO-SCLEROSIS GENERALIZED CAUSE OF DEATH DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH 10/13
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____ CHIEF OR ASST. MEDICAL EXAMINER J. V. Dumbacher, M.D.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FRACTURE LEFT HIP CANCER RT. BREAST.		19A. DATE OF OPERATION 2/19/51	19B. MAJOR FINDINGS OF OPERATION FRACTURE LEFT HIP	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 137 S. EAST AVE.	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY FEB. 14 1951 7P.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? TRIPPED OVER STEP.		

22. I hereby certify that I attended the deceased from **MARCH 5, 1951**, to **MARCH 13, 1951**, that I last saw the deceased alive on **MARCH 13, 1951**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Daniel H. Johnson	23B. ADDRESS 121 S. HILFMAN AVE.	23C. DATE SIGNED 3/16/51
24A. BURIAL/CREMATION, REMOVAL (Specify) burial	24B. DATE 3/16/51	24C. NAME OF CEMETERY OR CREMATORY Immanuel Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Am. Bk. Inc.
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.
ADDRESS 1217 St. Paul Street		

MEDICAL CERTIFICATION



563
51 2438BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2438
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Myrtle Kinnaird		2. DATE OF DEATH March 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1304 N. Kenwood Avenue.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1304 N. Kenwood Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1870
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Reese Reed	
14. MOTHER'S MAIDEN NAME ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mildred Pitipau, 1304 N. Kenwood Ave.	

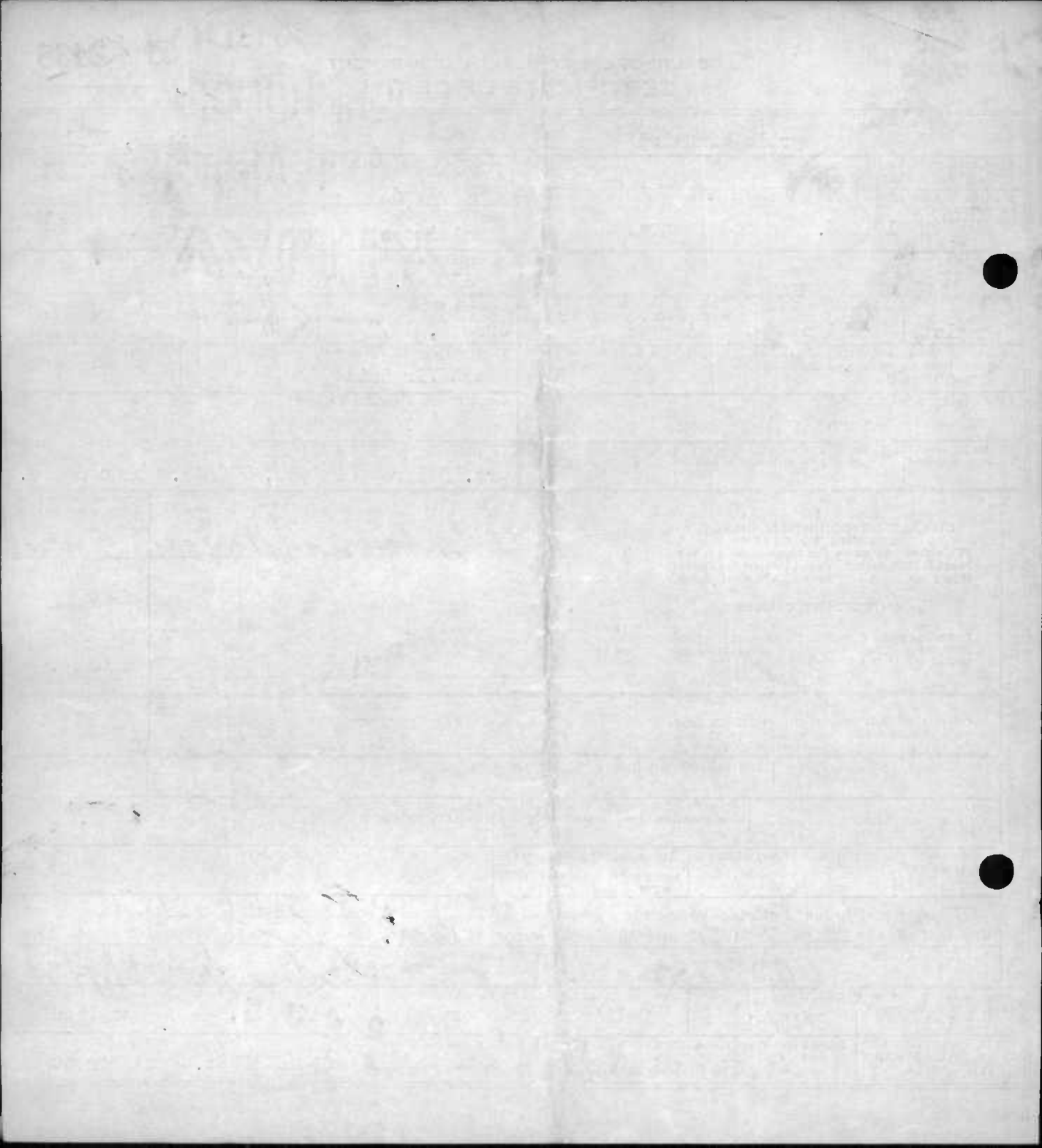
18. 274X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Addison's Disease INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	(A) DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1945 to Mar 12, 1951, that I last saw the deceased alive on Mar 7, 1951, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE J. B. [Signature] M. D. 23B. ADDRESS 3400 Redman Ave. 23C. DATE SIGNED 3/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/15/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR H. M. Cook, Inc.	ADDRESS 1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2439
Registered No.

656
51 2439
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS KRAMER		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1339 E. North Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 23, 1896
9. AGE (in years last birthday) 52		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Street Car Operator		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Louis W. Kramer	
14. MOTHER'S MAIDEN NAME Mary D. Nordmier		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Edward G. Kramer, 3204 Elmley Avenue	

18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Post encephalitic Parkinsonism		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Stanley H. Duncanson* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED **March 14, 1951**
ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/17/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951	REGISTRAR'S SIGNATURE <i>Wm. Earl [illegible]</i>	25. FUNERAL DIRECTOR ADDRESS Wm. Earl [illegible], 61217 St. Paul Street	

1918

1918

CERTIFICATE OF DEATH

1918

Blank certificate form with horizontal lines for text entry.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **FRANCIS DAVIS**

2. DATE
OF
DEATH **3/14/51**

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **md** b. COUNTY **16-06**

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **University**

c. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)
629 Franklinton Rd

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX **m** 6. COLOR OR RACE **w** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **single**

8. DATE OF BIRTH **Jan. 8, 1886** 9. AGE (In years last birthday) **65** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clock Assembler** 10b. KIND OF BUSINESS OR INDUSTRY **Freig Bendix SCIENTIFIC INSTR.**

11. BIRTHPLACE (State or foreign country) **St. Mary's County, Md** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Richard T. Davis**

14. MOTHER'S MAIDEN NAME **Larina Thompson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **22-7-03-5457**

17. INFORMANT **Mrs. Richard Davis, 629 Franklinton** ADDRESS

CAUSE OF DEATH

18. **237X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **tumor of choroid plexus 4th ventricle**
DUE TO
(B) **Post-operative medullary edema + hemorrhage**
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/7**, 19**51**, to **3/14**, 19**51**, that I last saw the deceased alive on **3/14**, 19**51**, and that death occurred at **4:40 A.** m., from the causes and on the date stated above.

23a. SIGNATURE **Chas M. Hubbard** M. D. 23b. ADDRESS **University Hosp., Balto** 23c. DATE SIGNED **3/14/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/17/51** 24c. NAME OF CEMETERY OR CREMATORY **St. John's Cemetery** 24d. LOCATION (City, town, or county) (State) **Long Green, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 15 1951** REGISTRAR'S SIGNATURE **Wm. H. Coak, Jr.** 25. FUNERAL DIRECTOR **Wm. H. Coak, Jr.** ADDRESS **1217 St. Paul St**

No answer to query
by 6.14.51
20.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2441
Registered No.

362
51 2441
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM HENRY (HARRY) STREAKER		2. DATE OF DEATH MARCH 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 834 W. 35th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-06	
D. STREET ADDRESS (If rural, give location) 834 W. 35th Street		E. LENGTH OF STAY IN BALTIMORE 5 Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 9-30-80
9. AGE (In years, last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	11. BIRTHPLACE (State or foreign country) MARYLAND
10B. KIND OF BUSINESS OR INDUSTRY BLACK & DECKER, Elec. Tools (M)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY STREAKER		14. MOTHER'S MAIDEN NAME ANNIE CLARK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 232-26-6187	17. INFORMANT ADDRESS Mr OSCAR STREAKER - SYKESVILLE, MD	

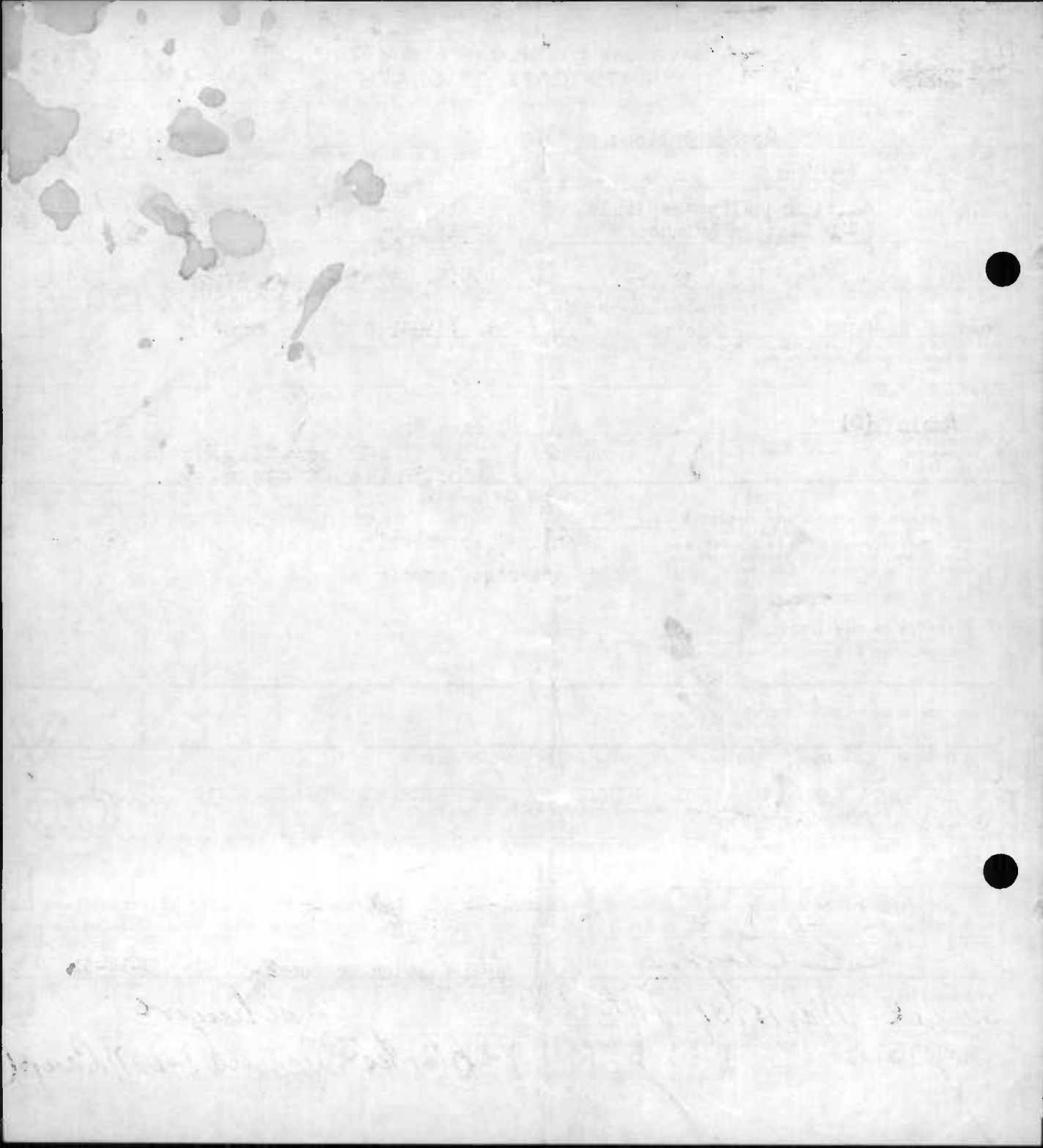
18. 4720.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Coronary Heart Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 years
---	---	--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **october 10, 1948**, to **March 13, 1951**; that I last saw the deceased alive on **March 12, 1951**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

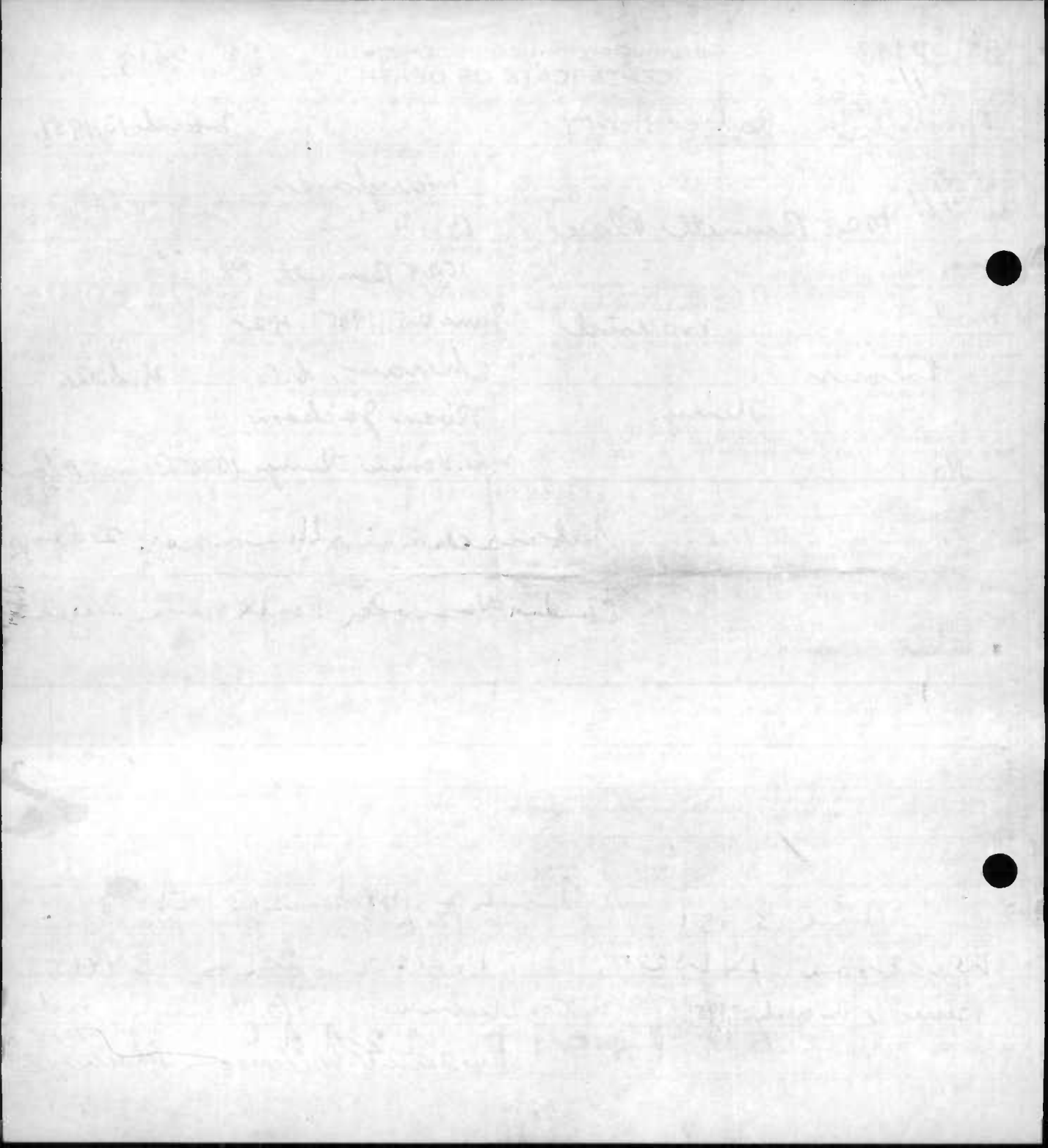
23A. SIGNATURE Leonard Wallenstein M. D.	23B. ADDRESS 848 W 36th St	23C. DATE SIGNED 3/13/51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-15-51	24C. NAME OF CEMETERY OR CREMATORY SPRINGFIELD
24D. LOCATION (City, town, or county) (State) SYKESVILLE, CARROLL, MD		25. FUNERAL DIRECTOR G. H. WEEB - SYKESVILLE, MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE 510

8312



560
51 2443
BIRTH NO. H-560BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2443
Registered No.

1. NAME OF DECEASED (Type or Print) Rodger Henry.		2. DATE OF DEATH March 13, 1951.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1028 Bennett Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 18-02	
D. STREET ADDRESS (If rural, give location) 1028 Bennett Place.		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 25, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY son	9. AGE (In years last birthday) 42
11. BIRTHPLACE (State or foreign country) Cheraw, S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry.		14. MOTHER'S MAIDEN NAME Rosa Jackson.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Vennie Henry		ADDRESS 1028 Bennett Place	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO Chronic Nasal Bone disease DUE TO (C)		CAUSE OF DEATH Subarachnoid Hemorrhage 2 days Chronic Nasal Bone disease 2 years	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 2, 1951 to March 13, 1951 that I last saw the deceased alive on March 13, 1951 and that death occurred at 12 Am. , from the causes and on the date stated above.			
23A. SIGNATURE William H. Watts		23B. ADDRESS 5154 Kington	
23C. DATE SIGNED 3/14/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 19, 1951	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Mrs. Kate R. Williams	
FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS Scholar St.	



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2444
Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2444
Registered No.

BIRTH NO. m-600

1. NAME OF DECEASED
(Type or Print) Willie MOORE

2. DATE OF DEATH March 12, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION
1518 Chesapeake Ave.

6. STREET ADDRESS (If rural, give location)
1518 Chesapeake Ave.

7. SEX Male 8. COLOR OR RACE Colored 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

10. DATE OF BIRTH Sept. 19, 1880 11. AGE (in years last birthday) 70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10B. KIND OF BUSINESS OR INDUSTRY In General

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS William Wilson 1503 Edmondson Ave

18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Cardiovascular Disease
DUE TO
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

23A. SIGNATURE Stanley S. Dunsacker M.D. 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 23C. DATE SIGNED March 12, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 3/15/1951 24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. 24D. LOCATION (City, town, or county) (State) Brooklyn Md

25. FUNERAL DIRECTOR ADDRESS Elmer A. Wilson 1000 Bunting Ave

VS 151 97089 937

CERTIFICATE OF DEATH

DATE

PLACE

DATE

PLACE

DATE



51 2445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2445

Registered No.

BIRTH NO.

B-650

1. NAME OF DECEASED
(Type or Print)

Yvonne Consuella Brown

2. DATE
OF
DEATH

3/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

1832 Druidhill Avenue

14-03

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

October 22, 1928

9. AGE (in years,
last birthday)

22

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Not employed

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles G. Brown

14. MOTHER'S MAIDEN NAME

Ivon B. Rasin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Ivon B. Rasin 1832 Druidhill

18.

491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Asperated Pneumonia

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Idiocy

Life

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951, to 3/14, 1951, that I last saw the deceased alive on 3/14, 1951, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/18/51

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

Charles R. Law, 802 Madison Ave.

1945

100-151

Yvonne Brown, Brown

100-151

100-151

Baltimore, Maryland

100-151

100-151

October 24, 1945

100-151

100-151

Baltimore, Maryland

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525
51 2446BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2446
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hannah Henson

2. DATE OF DEATH
March 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION N. M. Carroll Aged Home

70 822 N. Carrollton Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-01D. STREET ADDRESS (If rural, give location)
822 N. Carrollton Ave.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 1, 1852

9. AGE (In years last birthday)

98

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Henry Henson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Garrett D. Rawlings 822 N. Carro

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST:

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

(B) Hypertensive Cardi

DUE TO

(C) Vascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1951, to 3-13, 1951, that I last saw the deceased alive on 3-13, 1951, and that death occurred at 1:24 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

Burial

3-16-51

St. Paul Cem.

Chestertown, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

Funeral Home

Mrs. J. H. Hensley 578 W. Biddle St.

VS 150

131a

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2447
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine (Katie) M. Delcher

2. DATE
OF
DEATH **3/13/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1512 Hollins St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

D. STREET ADDRESS (If rural, give location) **1512 Hollins St.**

Length of stay in Baltimore **73 Years**

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

B. DATE OF BIRTH

Jan. 20, 1878

9. AGE (In years last birthday) **73**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

William M. F. Nelson

14. MOTHER'S MAIDEN NAME

Margaretta Boerries

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT ADDRESS
Frank C. Delcher, 1512 Hollins St.

18. **4/22/51**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH
2 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10/11**, 19**50** to **3/13**, 19**51**, that I last saw the deceased alive on **3/10**, 19**51**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3/16/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1951

7401 Belair Rd.

931

CERTIFICATE OF DEATH

100

101

102

103

104

105

106

107

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112

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114

115

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2448**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBUR J. LeCOMPTE

2. DATE
OF
DEATH

March 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, give rural and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

612 E. Baltimore Street

Length of stay in Baltimore

49 Years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 4, 1901

9. AGE (In years last birthday)

49

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None LABORER

10B. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Stephen L. LeCompte

14. MOTHER'S MAIDEN NAME

Ida Mae Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Walter S. LeCompte Oregon Ave. Halethorpe

18. **002X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced pulmonary tuberculosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Emaciation**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/15/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

Geo. E. Smith Jr.

ADDRESS

**1512 Hollins St.
Balto. 23 Md.**

BUS 12

10-10-57

10-10-57

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side. The text is too light to transcribe accurately.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2449

Registered No. _____

BIRTH NO. 51 2449

1. NAME OF DECEASED (Type or Print) <i>Leroy E. Brown SR</i>		2. DATE OF DEATH <i>Mar 14 1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>102 S. Monroe St</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7/7/1897</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>CROWN COIN AND SEAL CO</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Allan F. Brown</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca Sweetman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>W.A.W. #1</i>		16. SOCIAL SECURITY NO. <i>212-225774</i>	
17. INFORMANT <i>ELLA BROWN</i>		ADDRESS <i>102 S. MONROE ST</i>	
18. YES <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized Carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>(over)</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>11/29/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Generalized Abd. Carcinoma</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar 1</i> , 19 <i>57</i> , to <i>Mar 14</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>Mar 14</i> , 19 <i>57</i> , and that death occurred at <i>2:10</i> A.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Frank T. Karik</i>		23B. ADDRESS <i>Mercy Host</i>	
23C. DATE SIGNED <i>Mar 14 57</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 17 1957</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral & Balto Md</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 15 1957</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Miller</i>	
FUNDAL DIRECTOR <i>Wm. H. Miller</i>		ADDRESS <i>2000 E. Pratt St</i>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Was there in deceased's
clinical record any indication
of the probable primary site
of the malignancy? _____

Could there be stated a more definite
anatomical site than abdominal
for the deceased at the last stage
of malignancy, please? _____

"Probably a primary infiltrating gastric carcinoma"

See Document File 51-2449

3/29/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2450**

516
BIRTH NO. **2450**

1. NAME OF DECEASED (Type or Print) George E. Hohenberger		2. DATE OF DEATH MAY 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1923 Wilkens Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-03	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1923 WILKENS AVE	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 13-1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWS PAPER DEALER		10B. KIND OF BUSINESS OR INDUSTRY SELF	9. AGE (In years last birthday) 51
13. FATHER'S NAME HENRY HOHENBERGER		14. MOTHER'S MAIDEN NAME MARGARET	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 415-286199	
		17. INFORMANT ADDRESS EDNA F. HOHENBERGER 1923 WILKENS AVE	
12. CITIZEN OF WHAT COUNTRY?			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Wm. H. Rammer Jr.** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ 23C. DATE SIGNED **MAY 15, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/17/51	24C. NAME OF CEMETERY OR CREMATORY Western Cen.	24D. LOCATION (City, town, or county) (State) Baltimore MD
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DATE RECEIVED BY LOCAL REGISTRAR **MAY 15 1951** REGISTRAR'S SIGNATURE **Wm. H. Rammer Jr.** 25. FUNERAL DIRECTOR **Wm. H. Rammer Jr.** ADDRESS **46044**

0210

CERTIFICATE OF DEATH

0210

STATE OF DEATH

NAME OF DECEASED
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

Signature of Physician
Signature of Registrar
Date of Registration

460
ND-54529-2451
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2451

1. NAME OF DECEASED (Type or Print) Ethel Lockman Taylor			2. DATE OF DEATH March 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 583 Orchard Street		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 22, 1885	9. AGE (In years last birthday) 65	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander Mason			14. MOTHER'S MAIDEN NAME Annie Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. E-921.71 and 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Asphyxiation DUE TO aspiration of gastric contents		
(B) Metastatic carcinoma of stomach DUE TO		
(C) APPROVED BY R. S. Crogen CHIEF OR ASST. MEDICAL EXAMINER		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-12-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of the Stomach		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore City Hospitals, 4940 Eastern	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 12, 1951 9:10 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aspiration of gastric contents	
22. I hereby certify that I attended the deceased from 3-6 , 1951, to 3-12 , 1951, that I last saw the deceased alive on 3-12 , 1951, and that death occurred at 9:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE R. S. Crogen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-12-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 16, 1951		24C. NAME OF CEMETERY OR CREMATORY mt. Zion	
24D. LOCATION (City, town, or county) (State) Landsdowne, Md.		24E. LOCATION (City, town, or county) (State) 322 N. Schaefer St.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Max Katz		FUNERAL DIRECTOR Max Katz	

1245. 13

1245. 13

1245. 13

51 2452
Registered No. _____

BIRTH NO. 2452

1. NAME OF DECEASED (Type or Print)		Augusta Franz		2. DATE OF DEATH March 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2305 St. Paul Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3415 Elmley Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 5, 1871	9. AGE (in years last birthday) 79	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown Kraft			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Henry T. Tarr, 5629 Govane Avenue		
18. 190X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Melanotic Sarcoma DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH Nov. 1948		
19A. DATE OF OPERATION Dec 1948		19B. MAJOR FINDINGS OF OPERATION Melanotic sarcoma right groin		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 11, 1948, to 3-11-1951, that I last saw the deceased alive on 3-11-1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Milton C. Hays		23B. ADDRESS M. D. 2117 Belair Rd		23C. DATE SIGNED 3-15-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/16/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24F. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	

053.0

1918

1918

1918

U. S. V.

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1000000

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2453

Registered No.

BIRTH NO. 50-25654

1. NAME OF DECEASED
(Type or Print)

Sharon Lynn Gnan

2. DATE
OF
DEATH

3.15.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Doctors Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE

(Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

2216 Eastern Ave

5. SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

infant

8. DATE OF BIRTH

11.27.1950

9. AGE (in years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

13. FATHER'S NAME

Robert Arthur Gnan

14. MOTHER'S MAIDEN NAME

Lillian Dorothy Niemczyk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Respiratory Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/12, 1951, to 3/15, 1951, that I last saw the deceased alive on 3/14, 1951, and that death occurred at 6:25 am, from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Duman

23B. ADDRESS

2711 Carter Ave.

23C. DATE SIGNED

3/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

Frederick W. 20450

1930 Eastern Ave

CENTRAL OF DEATH

3450

51 2454

623 JL 146316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2454

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Early Wright

2. DATE
OF
DEATH

3-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-05

D. STREET ADDRESS (If rural, give location)

1133 Benthon St.-16

Length of stay in Baltimore

18 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Wid.

8. DATE OF BIRTH

May 26, 1901

9. AGE (in years
last birthday)

49

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter-

10B. KIND OF BUSINESS OR
INDUSTRY

Scott Tavern

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

W. J. Wright

14. MOTHER'S MAIDEN NAME

Ada Dudley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

B. C. H. records, 4940 Eastern Ave.

ADDRESS

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Pyelonephritis

DUE TO

2wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Mild Hepatic Cirrhosis

DUE TO

yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ Yes ☒ No ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-51, 1951, to March 15, 1951 that I last saw the
deceased alive on March 15, 1951 and that death occurred at 10:55 AM from the causes and on the date stated above.

23A. SIGNATURE

J. B. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/16/51

24C. NAME OF CEMETERY OR CREMATORY

Fairview Cem.

24D. LOCATION (City, town, or county)

Roanoke Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. E. Cook 294 521 201 Paul St

ADDRESS

MAR 16 1951

784 6M

1246

MEDICAL CERTIFICATION

VALLEY

DRUGS

AND

TOBACCO

CO.

100 N. 3rd St.

St. Paul, Minn.

Phone 100

100 N. 3rd St.

St. Paul, Minn.

Phone 100

100 N. 3rd St.

St. Paul, Minn.

Phone 100

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
(b) Street address 1024 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

- (a) State Md (b) County 17-02
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Isaiah Betters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male 5. Color or race colored 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Annie Betters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 74 Months Days If less than one day
hr. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual Occupation Labr

11. Industry or business Construction

12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

- 16 (a) Informant
(b) Address

- 17 (a) Burial (b) Date thereof May 19, 1957
(Burial, cremation, or removal) (month) (day) (year)

- (c) Cemetery or crematory Woodlawn
Location Washington D.C.

- 18 (a) Funeral director George H. Betters
(b) Address 1203 Walter St. S.E.

- 19 MAR 16 1951 (b) Isaiah Betters
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 1957, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1950, to Mar 15 1957, and that I last saw him alive on Mar 15 1957.

Immediate cause of death

Myocardial degeneration
Due to Essential hypertension
Due to In Grippe

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration

1 wk

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Dr. J. Charles Wilson M. D.
Address 1223 Druid Hill Ave Date signed

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

51 2456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2456

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry

TIMMERMAN

2. DATE
OF
DEATH

March 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

223 N. High St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 16, 1893

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days: Hours: Min.

11 28

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick B. Timmerman

14. MOTHER'S MAIDEN NAME

Angelia Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

None

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Charles Timmerman-2742 Fenwick Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☒ March 14, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-16-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
MODAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George G. Ruth, Inc. 31735 Harford Avenue

VS 151

97099

George G. Ruth Inc. 31735 Harford Avenue

0932

✓

MEDICAL CERTIFICATION

CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1919

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

51 2457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2457

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACK E. SHER

2. DATE
OF
DEATH

March 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

US Marine Hospital

Wyman Park Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3223 Fallstaff Road

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/4/07

9. AGE (in years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retail store

10B. KIND OF BUSINESS OR
INDUSTRY

Self-employed

13. FATHER'S NAME

Elias Sher

11. BIRTHPLACE (State or foreign country)

NY

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Lena Rabinowitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Records- US Marine Hospital, Balto, Md.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)Rhabdomyosarcoma metastatic to
left lung

3 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Jan. 16, 1951, to Mar. 15, 1951, that I last saw the
deceased alive on Mar. 15, 1951, and that death occurred at 10:55 AM, from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

3/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Jurnal

3-16-51

Hebrew Young Men

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

VS 150

2906E

0552

MEDICAL CERTIFICATION

1941

1942

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1944

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2023

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423
51 2458BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2458

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OTTO WOLLSTEIN

2. DATE
OF
DEATH

MARCH 12-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR WILMINGTON AVE location)
INSTITUTION 1723 Wilmington Ave

C. Length of stay in Baltimore

59

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Marl Cava

13. FATHER'S NAME

Herma Wollstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Nov-24-1858

9. AGE (In years
last birthday)

93

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Wollstein

17. INFORMANT

ADDRESS

Mrs. Elvira 1723 Wilmington Ave

18. 4 yr. 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute
Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiovascular disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Senility

INTERVAL BETWEEN
ONSET AND DEATH

4 yrs

yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to Dec. 12, 1951, that I last saw the
deceased alive on Dec 10, 1951, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Mr. Kieffer

M. D.

23B. ADDRESS

2470 Oakland Blvd

23C. DATE SIGNED

Dec 15 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

ST. UNITED ESNG Church

24D. LOCATION (City, town, or county)

6200 O'DONNELL ST MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

Charles W. Archauskas

703 McHENRY ST.

51 2459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2459

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH F. McGUIRE		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-05	
Length of stay in Baltimore 57 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2916 KESWICK RD.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OILER		10B. KIND OF BUSINESS OR INDUSTRY PENNA. R.R.	9. AGE (In years last birthday) 57
13. FATHER'S NAME EDWARD McGUIRE (D)		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) Maryland		12. MOTHER'S MAIDEN NAME SUSIE O'NEILL (D)	
17. INFORMANT (Name and address) (wife) Mrs. Clarence McGUIRE Same			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cremia	CAUSE OF DEATH (A) Cremia DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease	(B) Hypertensive Cardiovascular disease DUE TO	2 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 12**, 1951, to **Mar. 14**, 1951, that I last saw the deceased alive on **Mar. 14**, 1951, and that death occurred at **9:10 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Edw. S. Nelson** M. D. 23B. ADDRESS **Union Memorial Hospital, Baltimore, E. Maryland** 23C. DATE SIGNED **Mar 14 1951**

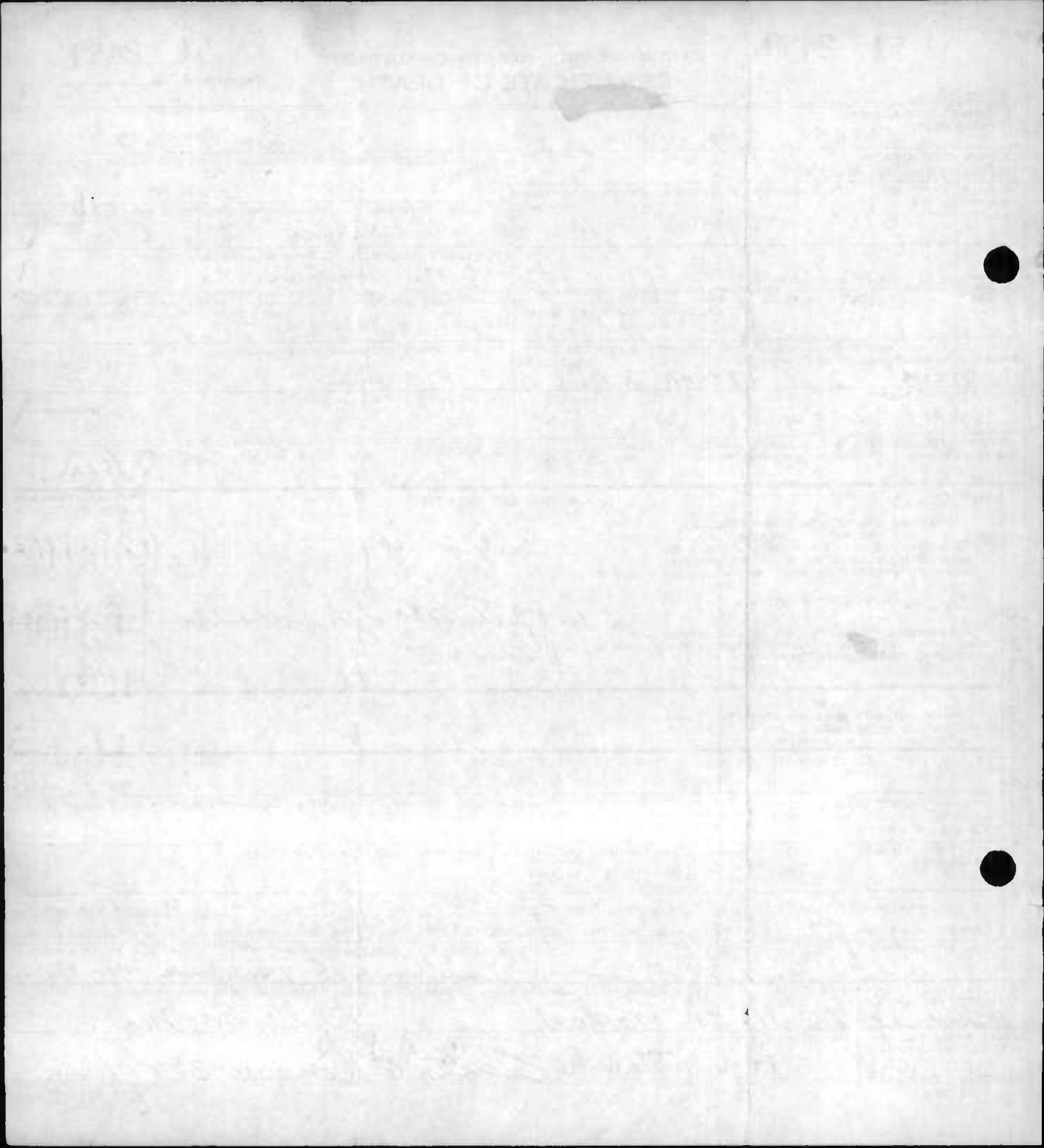
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 17 51	24C. NAME OF CEMETERY OR CREMATORY Poplar	24D. LOCATION (City, town, or county) (State) Balto Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR JAR 16 1951	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR'S ADDRESS Justin E. Donovan - 3818 Roland Ave	

VS 150

662 50

093d

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 57-05784

1. NAME OF DECEASED
(Type or Print)

Baby Boy Williams

2. DATE OF DEATH March 12, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

Length of stay in Baltimore

24 Yrs.

Yrs.
Mos.
Days

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Rupert Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

401 1/2 Railroad Avenue

8. DATE OF BIRTH

March 11, 1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

18:47

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Gertrude Porter

337397

17. INFORMANT

ADDRESS

Hospital Records

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Premature rupture of membranes

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/11, 1951, to 3/12, 1951, that I last saw the deceased alive on 3/12, 1951 and that death occurred at 5:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr.

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

3/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

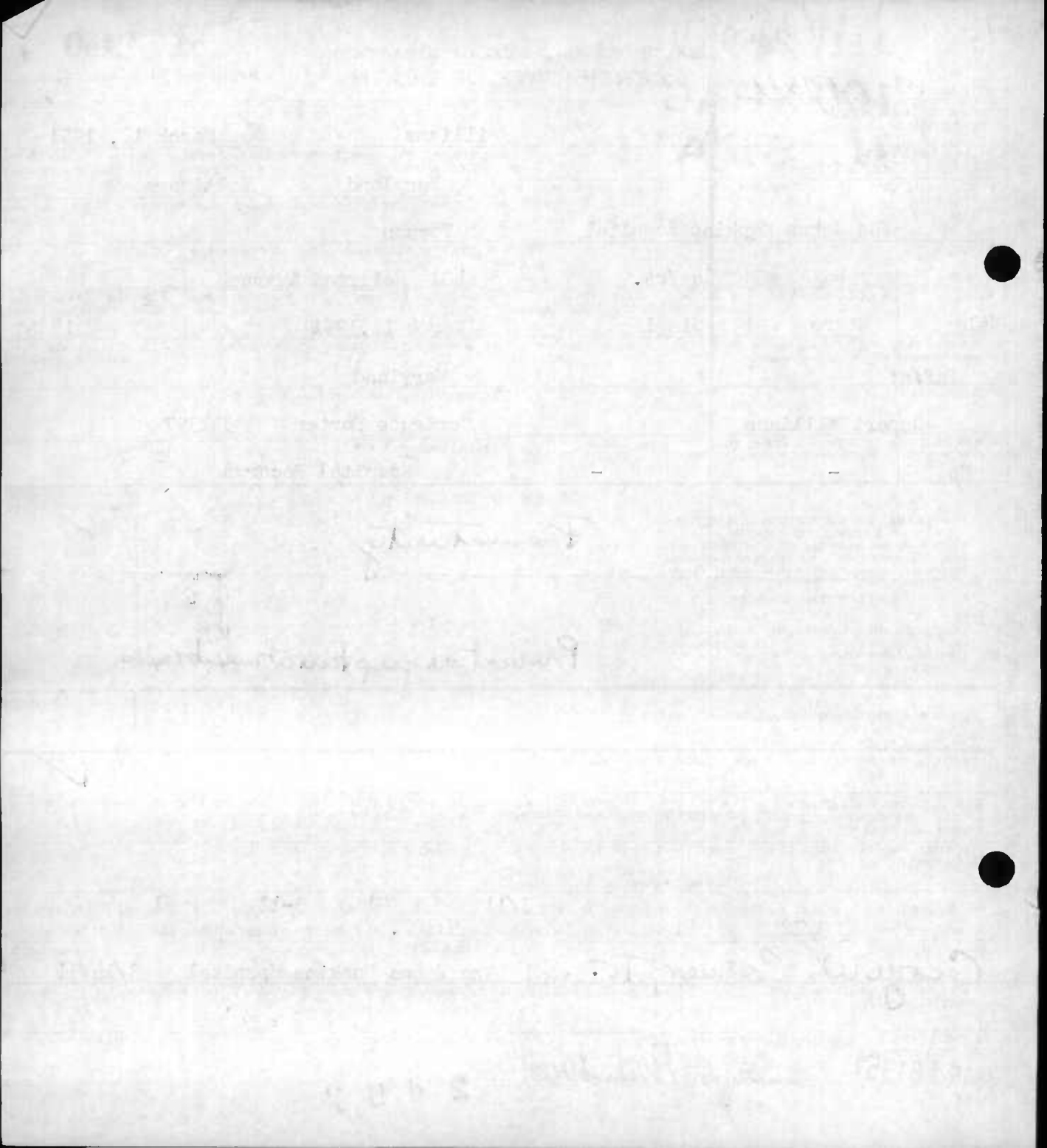
ADDRESS

MAR 16 1951

VS 150

2457

160C



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CLARENCE E MILLER

2. DATE
OF
DEATH

3/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4918 Palmer Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 27-17

D. STREET ADDRESS (If rural, give location)

4918 Palmer Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 24, 1877

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stonemason

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah Miller

14. MOTHER'S MAIDEN NAME

? Tolson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Blanche L Miller 4918 Palmer Ave

18. **420.1 and 177X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Arterio. Sclerotic Heart Disease 3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Generalized Arteriosclerosis, 3 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Prostate

2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec. 1947** to **Nov 14, 1951**, that I last saw the deceased alive on **3/12/51**, 19**51**, and that death occurred at **10:25** m., from the causes and on the date stated above.

23. SIGNATURE

Julius C. Bluck

23B. ADDRESS

M. O.

5356 Reisterstown Rd 3/15/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Lanham Park

24D. LOCATION (City, town, or county)

Woodlawn md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

Funeral Home, 4000 E. Pratt St. Baltimore, Md. Paul E. Chism, Jr. 365-1111

504 24

0516

MEDICAL CERTIFICATION

Mr J. B. Luck
5356 Reisterstown Rd

540
51 2462BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2462

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA M. FINLAY

2. DATE
OF
DEATH

Mar. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2201 Liberty Hgts. Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2201 Liberty Hgts. Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 4, 1869

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William C. McGinnis

14. MOTHER'S MAIDEN NAME

Annie Susman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Finlay - 641 Coleraine Rd.

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chr. nephritis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Right Hemiplegia

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1951, to Mar 14, 1951, that I last saw the
deceased alive on Mar 9, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George E. Shannon M.D., M. D.

23B. ADDRESS

820 Medical Arts Bldg.

23C. DATE SIGNED

Mar 14, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

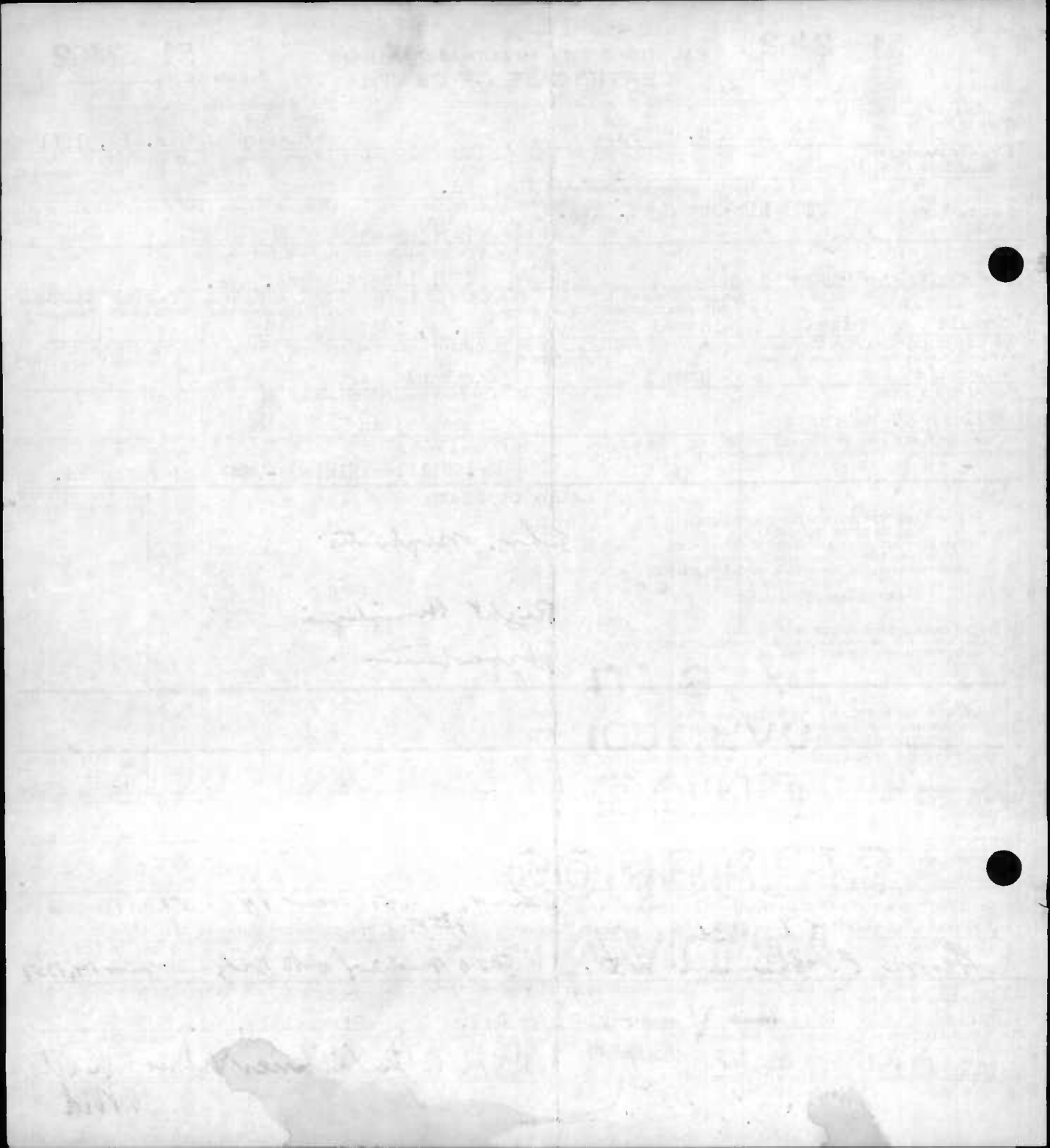
25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

VS 150

1316 Md.



242
51 2453BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2453

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

E. John Nichols Jr.

2. DATE
OF
DEATH

Mar 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL 5

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Pikesville

D. STREET ADDRESS (If rural, give location)

1 WEST WOOD HOLME AVE.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-26-23

9. AGE (In years
last birthday)

27

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Chemist

10B. KIND OF BUSINESS OR
INDUSTRY

Crown, Cork Mfgs.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

E. John Nichols, Sr.

14. MOTHER'S MAIDEN NAME

Irma H. Hooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary & Cerebral embolization 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) mural thrombi

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Hypertensive cardiac disease
arteriosclerotic nephritis & uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16-1951, to 3-15-1951, that I last saw the
deceased alive on 3-15-1951, and that death occurred at 7:20 Am., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Walsh

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

3/19/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MART 16 1951

REGISTRAR'S SIGNATURE

Lorraine Mausoleum

25. FUNERAL DIRECTOR

Lorraine Mausoleum & Sons - Balt

ADDRESS

Md.

VS 150

00732

131a

CERTIFICATE OF DEATH

1



435

51 2464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2464

Registered No.

BIRTH NO. 49-26023

1. NAME OF DECEASED
(Type or Print)

Theodore Fulton

2. DATE
OF
DEATH

3/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Unionville Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

621 N. 3rd St. 13th St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/3/49

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

14

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore Rose

14. MOTHER'S MAIDEN NAME

Doris Fulton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 005X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tracheobronchial obstruction.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Large hilar lymph nodes.

DUE TO

(C) tbc.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1951, to 3/14, 1951, that I last saw the
deceased alive on 3/14, 1951, and that death occurred at 4:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Earle Furman

23B. ADDRESS

M.D. Univ. Hosp.

23C. DATE SIGNED

3/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State)

A.A.C. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

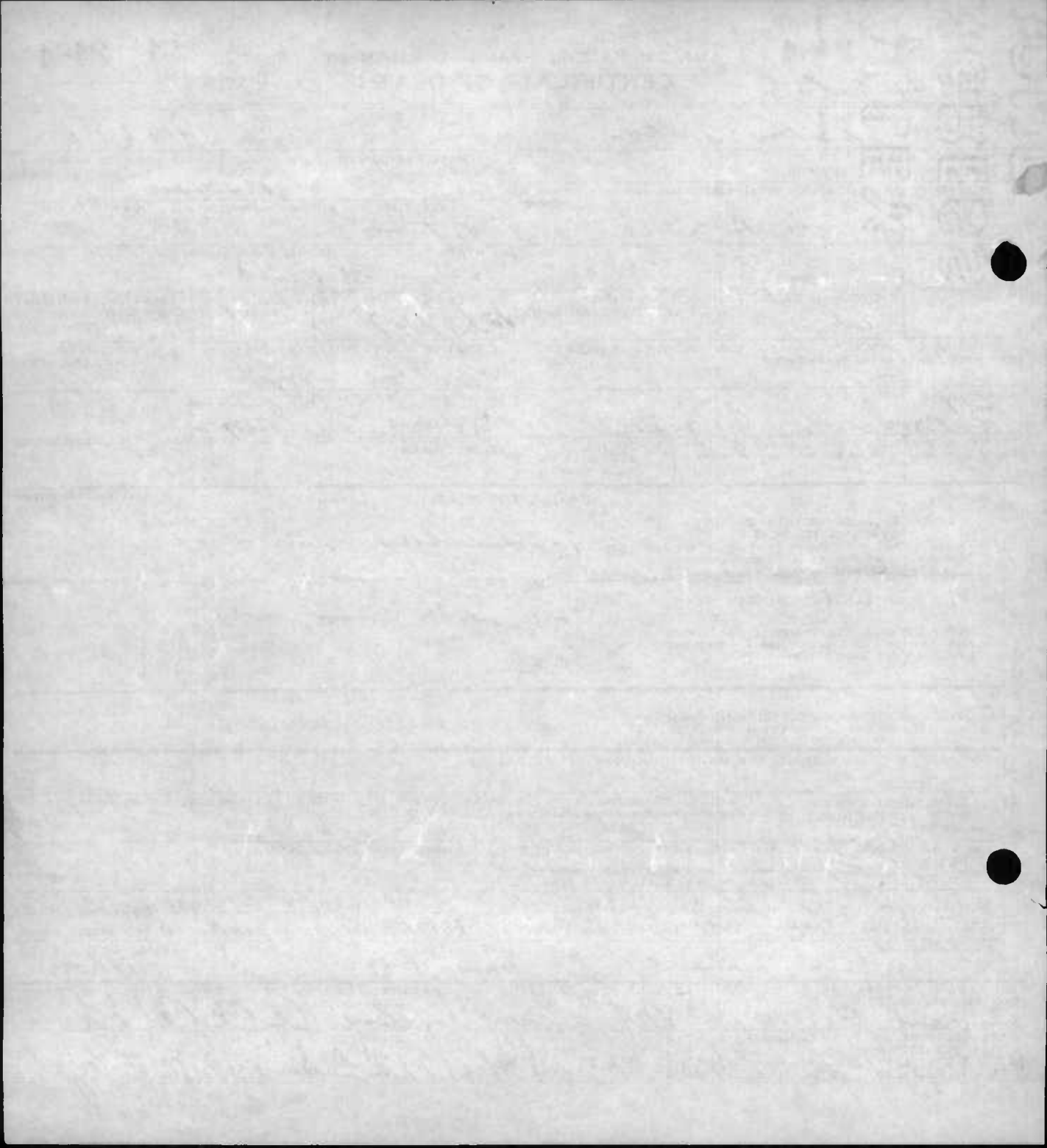
ADDRESS

MAR 15 1951

VS 150

136

MEDICAL CERTIFICATION



120

51 2485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2485

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dewery Eppes Jr. (Epps)

2. DATE
OF
DEATH

3/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

725 W. Eden St

C. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

725 W. Eden St.

C. Length of stay in Baltimore

29

4. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 4, 1910

9. AGE (In years
last birthday)

40

11. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Henderson N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Dewery Eppes Sr.

14. MOTHER'S MAIDEN NAME

Marie Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Frances Fulber 805 Mc Donough St

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) arterio-sclerotic
cardiac disease

UNK.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

pulm. tuberculosis (arrested)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8-51 to 3-13-51 that I last saw the
deceased alive on 3-10-51 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23A. BURIAL, CREMA-
TION, REMOVAL (Specify)

23B. DATE

3/18/51

23C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

23D. LOCATION (City, town, or county)

Baltimore, Md

23C. DATE SIGNED

3-14-51

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter M. Williams

25. FUNERAL DIRECTOR

James H. Spence - 1532 E. Monument St

ADDRESS



400
51 2486BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 2486

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>L. Gilbert Holly</i>		2. DATE OF DEATH <i>3/14/51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>609 N. Caroline St.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. LENGTH OF STAY IN BALTIMORE <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>609 N. Caroline St.</i>	
9. SEX <i>Male</i>	10. COLOR OR RACE <i>Cre.</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>Jan. 18, 1906</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		14. KIND OF BUSINESS OR INDUSTRY <i>Confectionery</i>	
15. FATHER'S NAME <i>Eugene Holly</i>		16. MOTHER'S MAIDEN NAME <i>Agnes Swithers</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, No or unknown) <i>No</i>		18. SOCIAL SECURITY NO. <i>214-16-3143</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) <i>No</i>		20. INFORMANT <i>Ada J. Holly</i>	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Embolism</i>	INTERVAL BETWEEN ONSET AND DEATH <i>one day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertension (arteriosclerotic)</i>	<i>1/25/51</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Chronic Intestinal Nephritis</i>	<i>1/25/51</i>
19A. DATE OF OPERATION <i>9</i>	19B. MAJOR FINDINGS OF OPERATION <i>Mitral insufficiency (in failure)</i>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Jan 21*, 19*51*, to *3/14*, 19*51*, that I last saw the deceased alive on *3/13*, 19*51*, and that death occurred at *12:45* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Ralph J. Young</i>	23B. ADDRESS <i>1429 E. Monument St.</i>	23C. DATE SIGNED <i>3/14/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/18/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>A. G. Co. Md.</i>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1951</i>	REGISTRAR'S SIGNATURE <i>Washington Williams</i>	25. FUNERAL DIRECTOR <i>Robert L. Young</i>	ADDRESS <i>1532 E. Monument St.</i>
--	---	--	--

RECEIVED
JAN 10 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2487

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ida Owens			2. DATE OF DEATH March 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hood Nursing Home 5313 Edmondson Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06		
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3034 Edmondson Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4 1866	9. AGE (In years; last birthday) 84	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator			10B. KIND OF BUSINESS OR INDUSTRY Self		
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Thomas B. F. Read			14. MOTHER'S MAIDEN NAME Katherine Gallagher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS H. Clifton Owens, 5729 Maple Hill Road		

<p>18. 4 yr. 1</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Myocardial Insufficiency DUE TO _____</p> <p>(B) Arteriosclerotic Cardio-Vascular disease DUE TO _____</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH 11/27/50</p>
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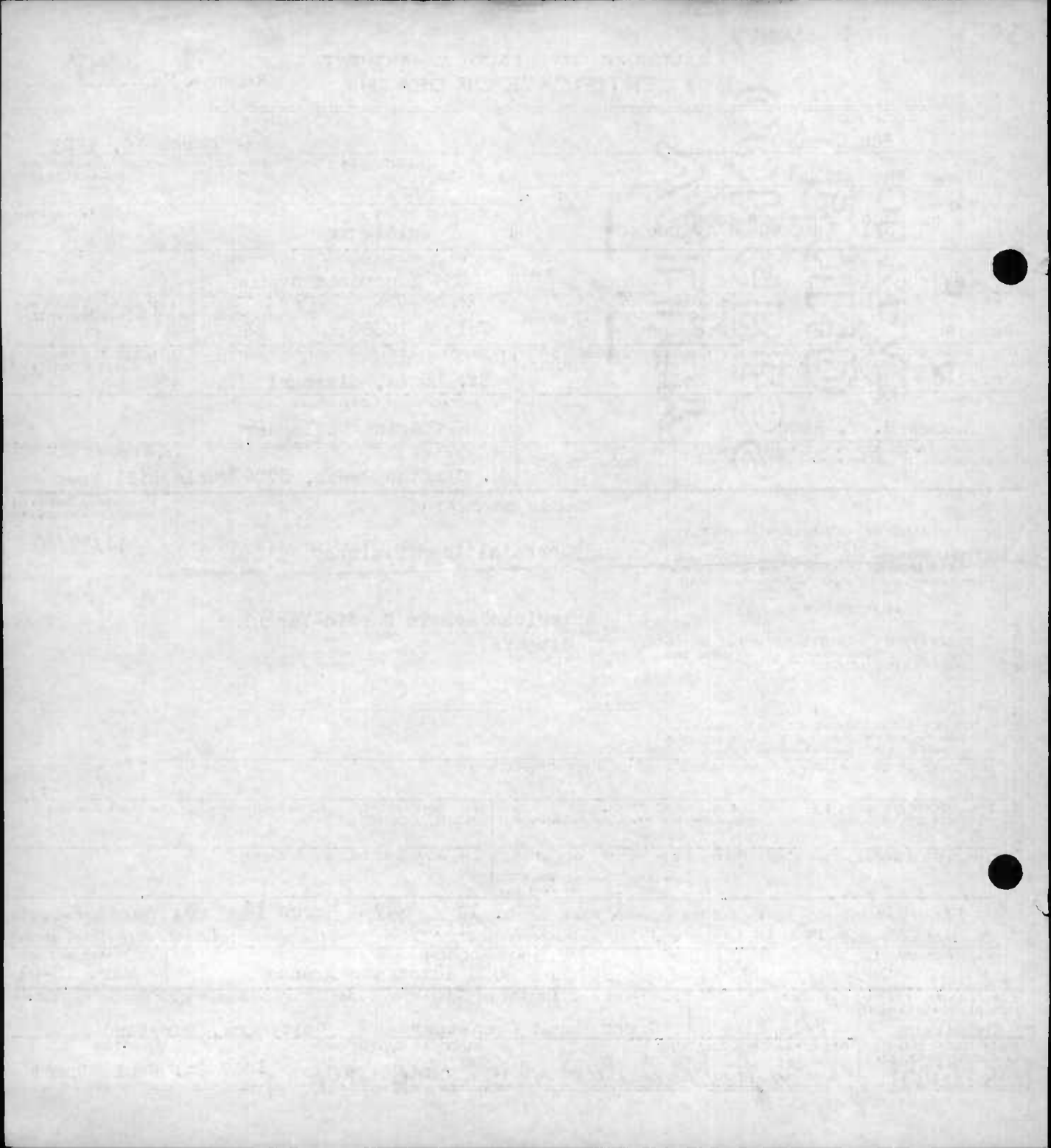
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 14, 1947**, to **March 14, 1951**, that I last saw the deceased alive on **March 12, 1951**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <i>George J. Fung</i>	23B. ADDRESS 3030 Edmondson Avenue	23C. DATE SIGNED Mar. 15-51
---	--	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 3/16/51	24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
---	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1951	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. 1217 St. Paul Street
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51 2488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles T. Duvall

2. DATE
OF
DEATH

March 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2820 Roselawn Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2820 Roselawn Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

If Under 1 Year

If Under 24 Hours

male

white

married

July 17, 1863

87

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. - Printer

10B. KIND OF BUSINESS OR INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Tyler Duvall

14. MOTHER'S MAIDEN NAME

Ann Rebecca Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-12-4034

17. INFORMANT

ADDRESS

May Duvall, 2820 Roselawn Avenue

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Light Cerebral Hemorrhage

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-Vascular Disease
(C) Associated Hypertrophic Arteritis
SensitivityII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 28, 1950, to March 14, 1951, that I last saw the deceased alive on March 12, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. V. Harbold

23B. ADDRESS

M. D.

4706 Harford Road

23C. DATE SIGNED

3-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

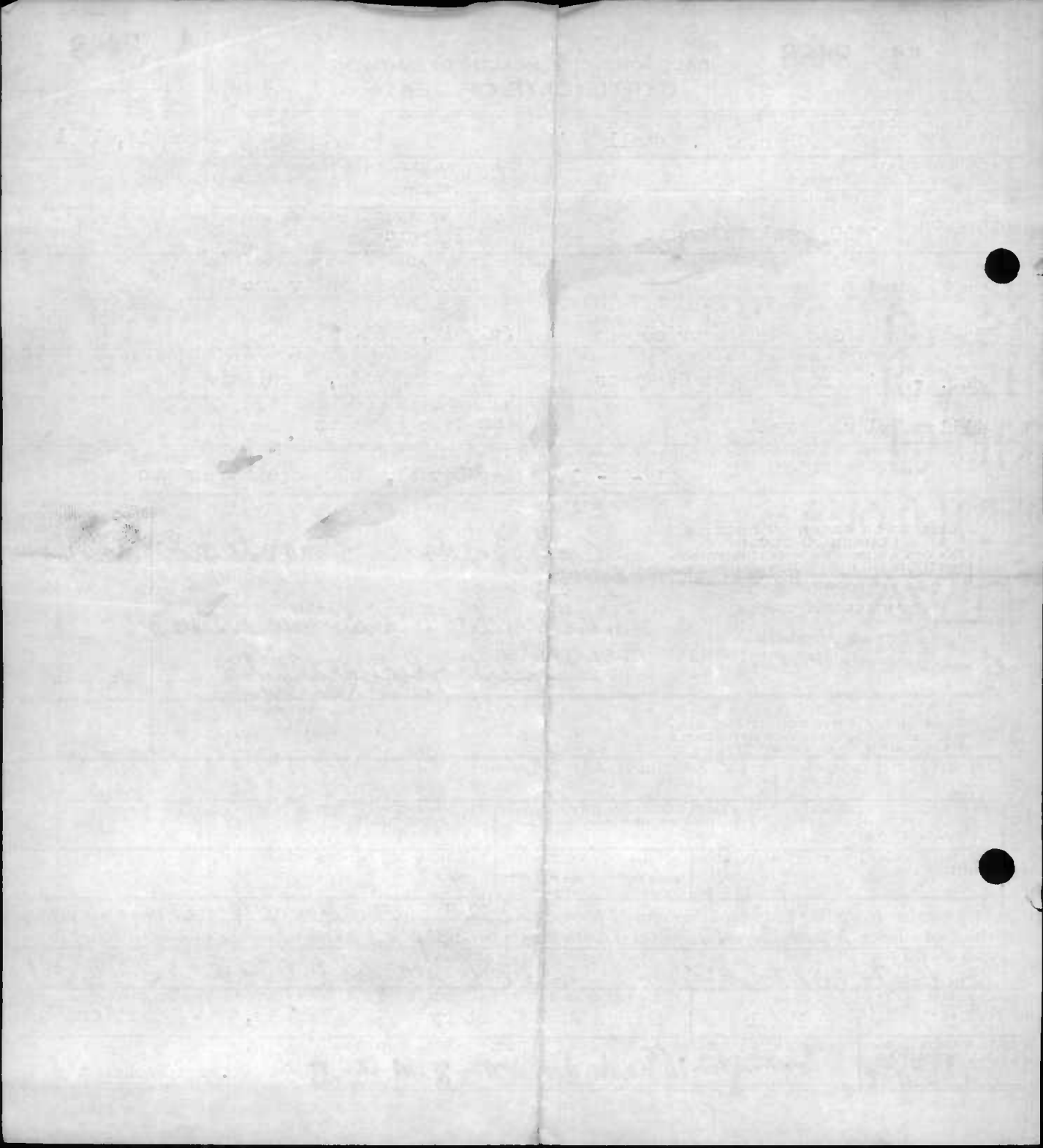
25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

Wm. B. B. Co.

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2469
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

HARRY TIMINOFF

2. DATE
OF
DEATH

March 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Found in harbor Pier 3 Pratt St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3928 Park Heights Avenue

Length of stay in Baltimore

37

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Pawn shop

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Moros

14. MOTHER'S MAIDEN NAME

Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Abraham Timinoff - Home

18. E975X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID (If in Baltimore City, give exact location)

Pier 3, Pratt Street

21D. TIME (Month) (Day) (Year) (Hour)

March 15, 1951 9:00 P m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from pier into water

22. I certify that I took charge of the remains described above, held an Inq. & Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-16-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 16 1951

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

Kirk Lewis 2100 Eutaw Pl

ADDRESS

VS 151

N-920X

4906U

164B ✓

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

William John Miller

2. DATE

OF

DEATH

March 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

life

Yrs.

Mos.

Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-10

D. STREET ADDRESS (If rural, give location)

4207 Ivanhoe Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 17, 1892

9. AGE (In years last birthday)

58

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sec. & Treas.

10B. KIND OF BUSINESS OR INDUSTRY

Printer's Union

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John S. Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ave.

Mrs. Helen E. Miller 4207 Ivanhoe

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bleeding esophageal varices

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lobular pneumonia, bilateral

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5/1951 to 3/15/1951, that I last saw the deceased alive on 3/15/1951, and that death occurred at 7:10 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Haddens Siwinski

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

3/15/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-19-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 16 1951

REGISTRAR'S SIGNATURE

John D. Moran

25. FUNERAL DIRECTOR

ADDRESS

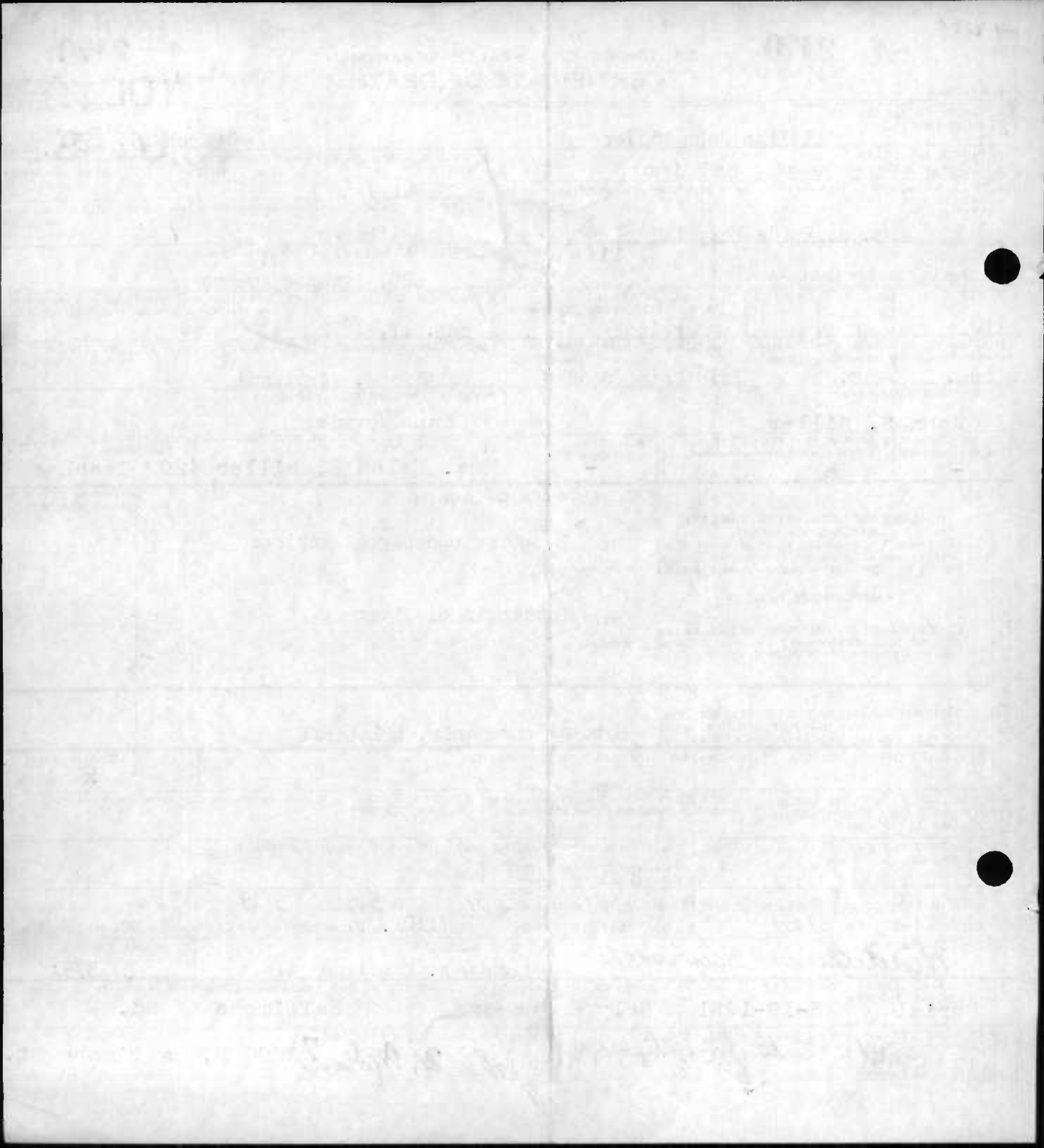
3000 E. Baltimore St.

VS 150

290 X

1246

MEDICAL CERTIFICATION



500

51 2471

NANNIE BALL NIMMO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2471

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANNIE BALL NIMMO

2. DATE
OF
DEATH

3-15-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

44 Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

David Charles Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

1-3-1870

9. AGE (In years last birthday)

87

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

USA

14. MOTHER'S MAIDEN NAME

Anna Clay Le Vere

17. INFORMANT

Mrs. B. Kirk (daughter), 3207 N. Calhoun St.

ADDRESS

18.

154X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Adenocarcinoma of Rectosigmoid

(A) with metastasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-57, 19__, to 3-15-57, 19__, that I last saw the deceased alive on 3-15-57, 19__ and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-16-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 17/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 16 1957

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

108 W. North Ave

VS 150

City #1. 046d

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Charles Knif</u>			2. DATE OF DEATH <u>3-15-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>908 N. Guilmore St</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 16-03</u>		
C. Length of stay in Baltimore <u>72 yrs</u> Yrs. <u>72</u> Mos. <u>2</u> Days <u>2</u>			D. STREET ADDRESS (If rural, give location) <u>908 N. Guilmore St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 25 1857</u>		9. AGE (In years last birthday) <u>93</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>iron and steel works</u>		11. BIRTHPLACE (State or foreign country) <u>Somerset Co. Md</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Robert Knif</u>		
14. MOTHER'S MAIDEN NAME <u>Martha Elsie</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes Mexican Indian War</u>		
16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT ADDRESS <u>Ellouise Harrison 908 Guilmore St</u>		

CAUSE OF DEATH

18. <u>422.21</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocarditis</u> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
---	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-25, 1951, to 3-15, 1951, that I last saw the deceased alive on 3-14, 1951, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Frank A. Saunders</u> M.D.	23B. ADDRESS <u>1029 N. Stricker St</u>	23C. DATE SIGNED <u>3-16-51</u>
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/19/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Balto. National</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 16 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR ADDRESS <u>0932 Presstman St</u>	

MEDICAL CERTIFICATION

VALLEY
CONGRESS
BOND

COMPANY

INCORPORATED

IN THE STATE OF

MISSISSIPPI

FOR THE PURPOSE OF

ISSUING BONDS

AND OTHER SECURITIES

ND-146716
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2473

1. NAME OF DECEASED (Type or Print) Abraham Brown		2. DATE OF DEATH Mar. 13, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
D. STREET ADDRESS (If rural, give location) 120 N. High St.			
5. SEX Male		6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 20, 1867	
9. AGE (In years last birthday) 83		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George (D)		14. MOTHER'S MAIDEN NAME Harriett (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 491 X , and 177 X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia bilateral DUE TO		?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma of Prostate (C) Cerebral Thrombosis		Over 6 Mos. ?

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

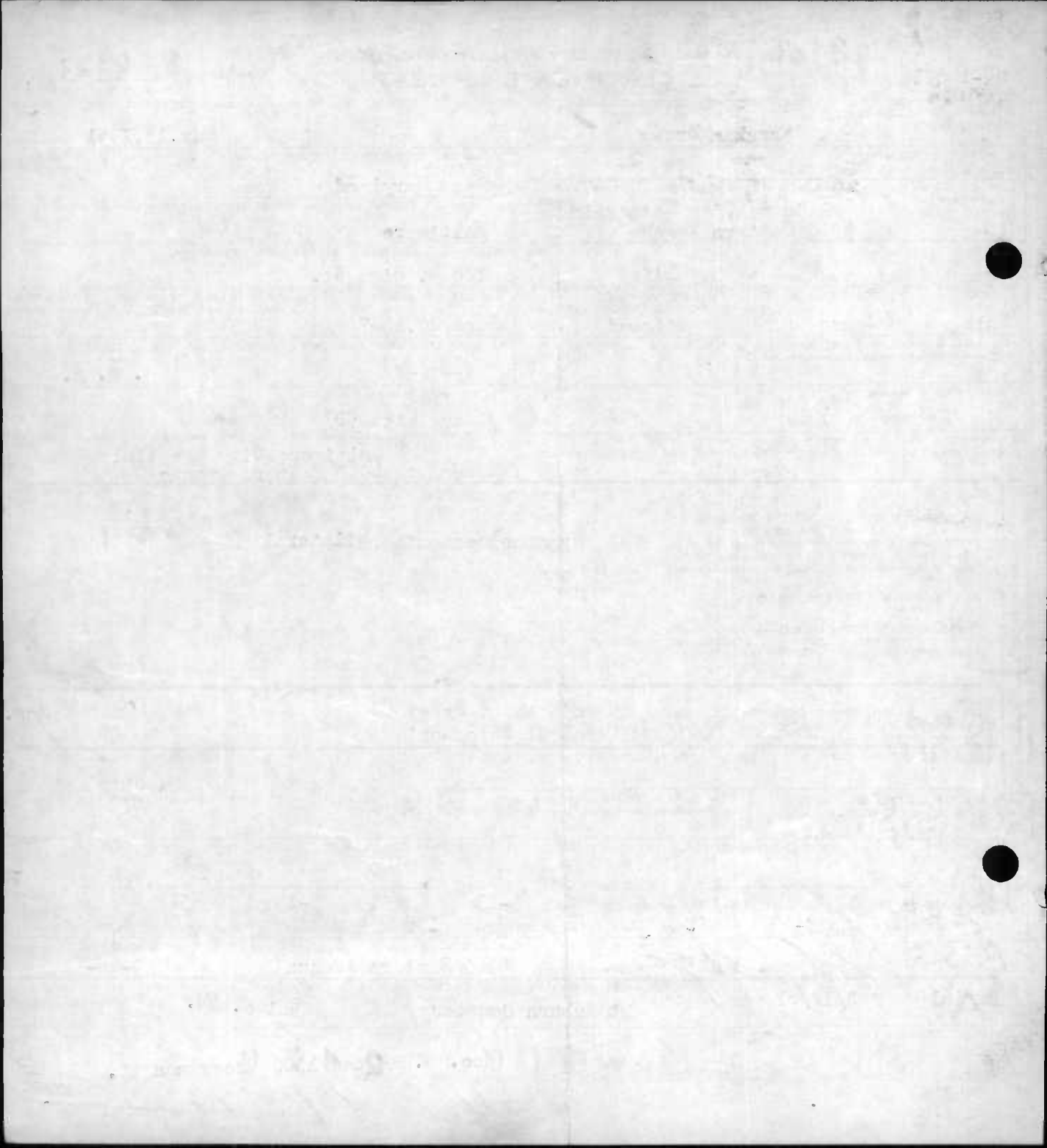
22. I hereby certify that I attended the deceased from **3-13**, 1951, to **3-13**, 1951, that I last saw the deceased alive on **3-13**, 1951, and that death occurred at **1 p m.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. 23B. ADDRESS **4940 Eastern Avenue** 23C. DATE SIGNED **3-14-51**

24A. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) **Buried** 24B. DATE **3/17/51** 24C. NAME OF CEMETERY OR CREMATORY **Mt Auburn Cemetery** 24D. LOCATION (City, town, or county) (State) **Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 16 1951** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR **Geo. G. Kelson** ADDRESS **1303 Presstman St.**

051 b Geo. G. Kelson



correct age is especially important. Physicians, please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2474

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raymond E. Payne

2. DATE
OF
DEATH

Mar. 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital (DOR)

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-07

D. STREET ADDRESS (If rural, give location)

1617 Homestead Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 15-1895

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, as in retired)

Type Fitter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Marion E. Payne

14. MOTHER'S MAIDEN NAME

Mary M. Heiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

185-05-3825

17. INFORMANT

Mrs. Bessie B. Payne - same

ADDRESS

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer J.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Mar. 15, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 16 1951

REGISTRAR'S SIGNATURE

Wm. H. Kammer J.

25. FUNERAL DIRECTOR

J. J. Kuck

ADDRESS

15305 Harford Rd

V S 151

57424

083a

CERTIFICATE OF DEATH

STATE OF OHIO

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2475
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SARAH FERGUSON (RANDALL)

2. DATE
OF DEATH

Mar 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **OSL-4**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-04

D. STREET ADDRESS (If rural, give location)

1507 E. Chase St

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2-1-87

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Camphor

14. MOTHER'S MAIDEN NAME

ANNIE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. **331X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebro-vascular accident**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Diabetes mellitus**

INTERVAL BETWEEN ONSET AND DEATH

3 mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-1-1951**, to **3-15-1951**, that I last saw the deceased alive on **3-15-1951**, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Victor A. McNamee

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-19-51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A. A. County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Joseph B. Roberts, Jr. 1304 N. Central Ave

MAR 16 1951

VS 150

061.0

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2476
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

F. SEX

G. COLOR OR RACE

H. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

I. DATE OF BIRTH

J. AGE (In years last birthday)

K. Under 1 Year
Months: Days

L. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/14, 1957, to 3/15, 1957, that I last saw the deceased alive on 3/15, 1957, and that death occurred at 2:00 PM on 3/15, 1957, and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

VS 150

0932 bankway St.

524

51 2477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2477

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUST LEIMKUHLER

2. DATE
OF
DEATH

Mar. 15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

42 Sinai Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

7-02

D. STREET ADDRESS (If rural, give location)

614 N. Port St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 19-1887

9. AGE (In years
last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Eastern Aircraft

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Leimkuhler

14. MOTHER'S MAIDEN NAME

Sena Rodman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Anna M. Leimkuhler 614 N. Port St.

18. 162X

CAUSE OF DEATH

Hemorrhage from biopsy of
bronchiogenic carcinomaINTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Bronchiogenic carcinoma

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1951, to March 15, 1951, that I last saw the
deceased alive on March 15, 1951, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Harris

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 19-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

J. H. Harris

John H. Miller 2334 Jefferson St.

VS 150

9703T

047d

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2478
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Lawrence Lardner</u>		2. DATE OF DEATH <u>Mar. 14, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2454 Greenmount Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>2454 Greenmount Ave</u>		E. _____	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1905</u>	
9. AGE (In years last birthday) <u>46</u>		10. Under 1 Year: Months _____ Days _____	
11. Under 24 Hours: Hours _____ Minutes _____		12. CITIZEN OF WHAT COUNTRY? _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Tool Supply Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>Dennis Lardner</u>		14. MOTHER'S MAIDEN NAME <u>Bridget</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Mr. Jos Donohue</u>		ADDRESS <u>2100 Harford Rd</u>	

18. <u>581.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Exsanguination from Esophageal Varices</u>	CAUSE OF DEATH <u>Exsanguination from Esophageal Varices</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Cirrhosis of Liver</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Wm. H. Kammner, Jr.</u>		23B. CHIEF MEDICAL EXAMINER _____ ASSISTANT MEDICAL EXAMINER _____ MEDICAL INVESTIGATOR _____		23C. DATE SIGNED <u>Mar. 15, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/19/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Balto. Nat'l Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>GREENMOUNT AVE & 22ND</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 16 1951</u>		24F. REGISTRAR'S SIGNATURE <u>WIEDEFFELD & SON</u>	
24G. ADDRESS <u>WIEDEFFELD & SON</u>		24H. ADDRESS <u>GREENMOUNT AVE & 22ND</u>			

V S 151

39064

GREENMOUNT AVE & 22ND

1246

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2479
Registered No. _____

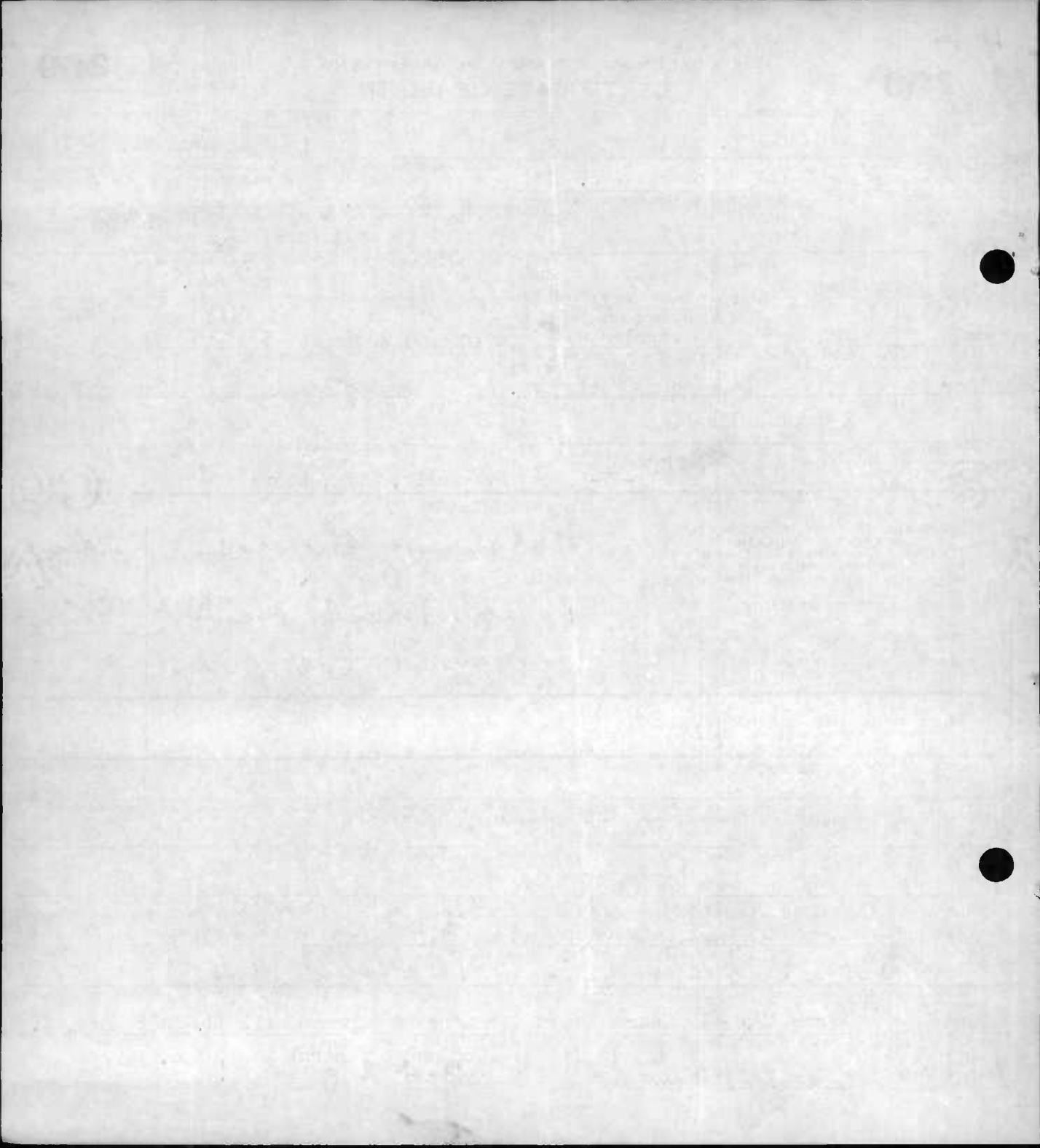
420
51 2479

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JACOB P. SULIK				2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 6728 Roberts Ave.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, with Md. and give township) Baltimore	
C. Length of stay in Baltimore 25 years				D. STREET ADDRESS (If rural, give location) 6728 Roberts Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 23, 1885	9. AGE (In years last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier			11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? Czechoslovakia
13. FATHER'S NAME Jacob Sulik			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-07-5050	17. INFORMANT ADDRESS Eva Sulik, wife, above		

MEDICAL CERTIFICATION	18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 2 days
	DUE TO (A) _____		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebro-Vascular accident		9 days
	DUE TO (B) _____		
	DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 12, 1951 , to Mar 15, 1951 , that I last saw the deceased alive on Mar 15, 1951 , and that death occurred at 3 P m., from the causes and on the date stated above.					
23A. SIGNATURE Stephen C. Mochniak		23B. ADDRESS 6714 Holabird Ave		23C. DATE SIGNED 3/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 17, 1951		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
				24D. LOCATION (City, town, or county) (State) German Hill Rd. Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1951		REGISTRAR'S SIGNATURE Stephen C. Mochniak		25. FUNERAL DIRECTOR ADDRESS Schimmunek Funeral Home, Inc. 262-3457 Madison St.	



420
51 2480BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2480

BIRTH NO.

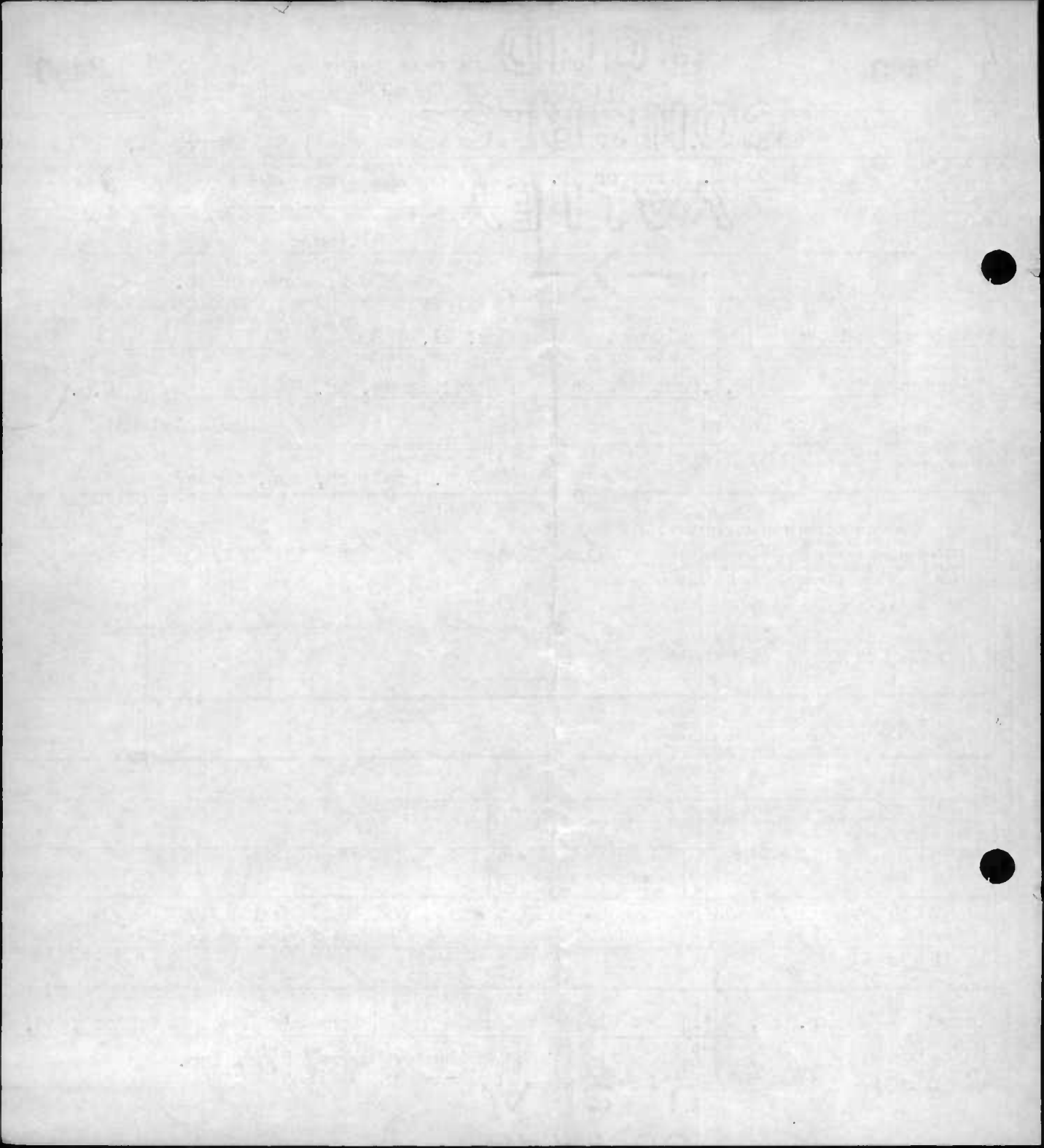
1. NAME OF DECEASED (Type or Print) BARBARA C. SCHLAUCH		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland 900 N. Streeper St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		d. STREET ADDRESS (If rural, give location) 900 N. Streeper St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 21, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Anton Patera		14. MOTHER'S MAIDEN NAME Marie Dolazal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John A. Schlauch, son, above		ADDRESS	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Corny Thrombosis</i> DUE TO (B) <i>generalized arteriosclerosis</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/10, 1951, to 3/13, 1951, that I last saw the deceased alive on 3/13, 1951, and that death occurred at 4 PM m., from the causes and on the date stated above.					
23A. SIGNATURE <i>L. J. [Signature]</i>		23B. ADDRESS M. D. 2301 E. Madison St.		23C. DATE SIGNED 3/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 17, 1951		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
24D. LOCATION (City, town, or county) (State) Horner's Lane, Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24F. LOCATION (City, town, or county) (State) Horner's Lane, Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1951		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street	

78491

0940



315
51 2481
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2481

1. NAME OF DECEASED (Type or Print) WILLIAM STEVENS		2. DATE OF DEATH March 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 607 Cumberland Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 607 Cumberland Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 20 - 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
13. FATHER'S NAME John Stevens		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Howard	
17. INFORMANT Frederick Stevens		ADDRESS 607 Cumberland	

18. 477 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE William N. Smith 23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ 23C. DATE SIGNED March 15, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 3-19-51 24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. 24D. LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

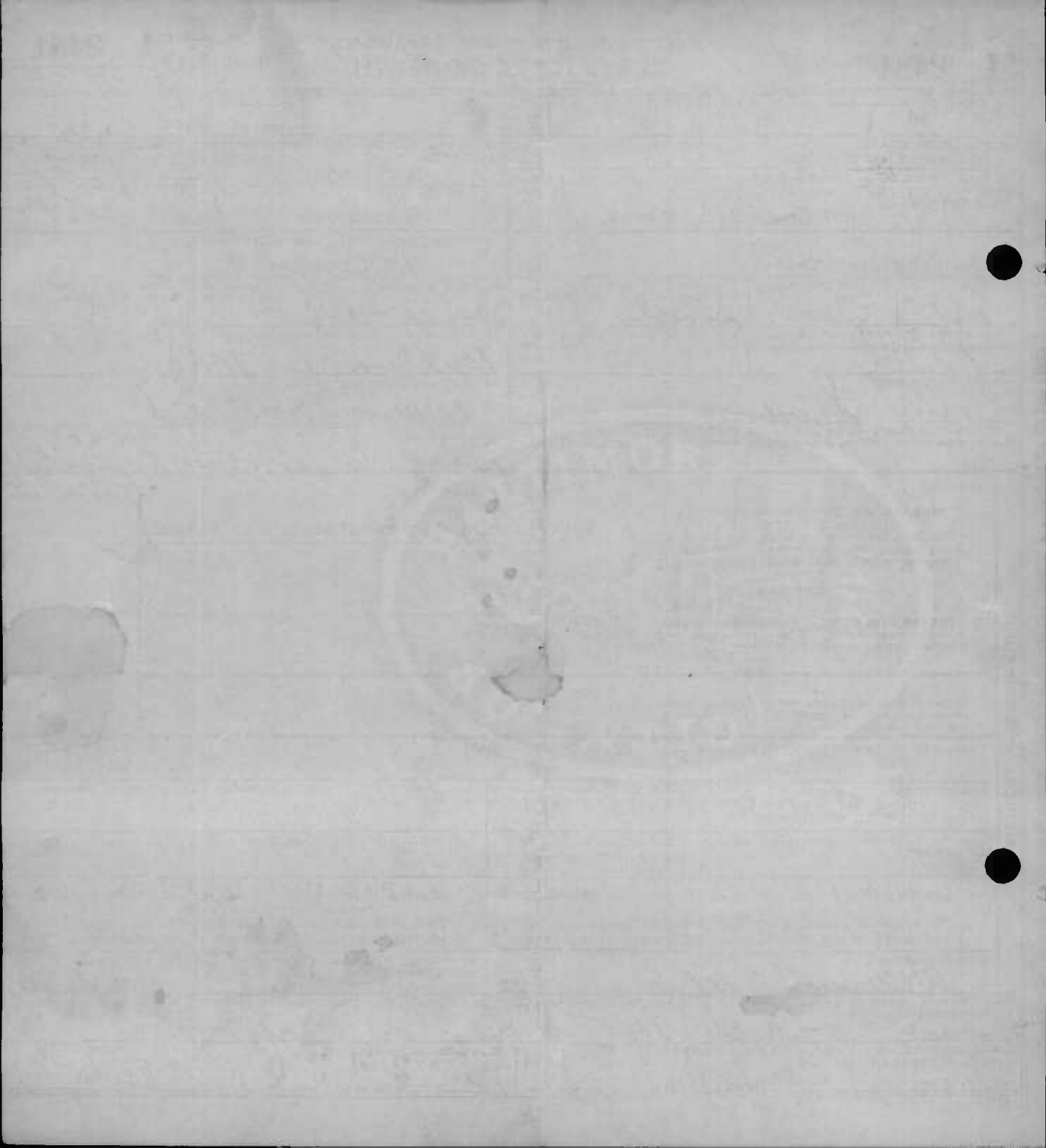
25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

VS 151

093d



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2482

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS 437
Orchard St

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

7 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1951, to 2/14/51, that I last saw the
deceased alive on 2/13, 1951, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2483

3-320

BIRTH NO. 51 2483 51-06105

1. NAME OF DECEASED (Type or Print) <u>Baby Girl Butts</u>			2. DATE OF DEATH <u>3-15-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. H. Hospitals</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>11-01</u>		
D. Length of stay in Baltimore <u>life</u>			E. STREET ADDRESS (If rural, give location) <u>711 N. CALVERT ST.</u>		
5. SEX <u>girl</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-13-51</u>	9. AGE (In years last birthday)	10. Under 1 Year Months: <u>2</u> Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <u>Charles</u>			14. MOTHER'S MAIDEN NAME <u>LUCY S CLARK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

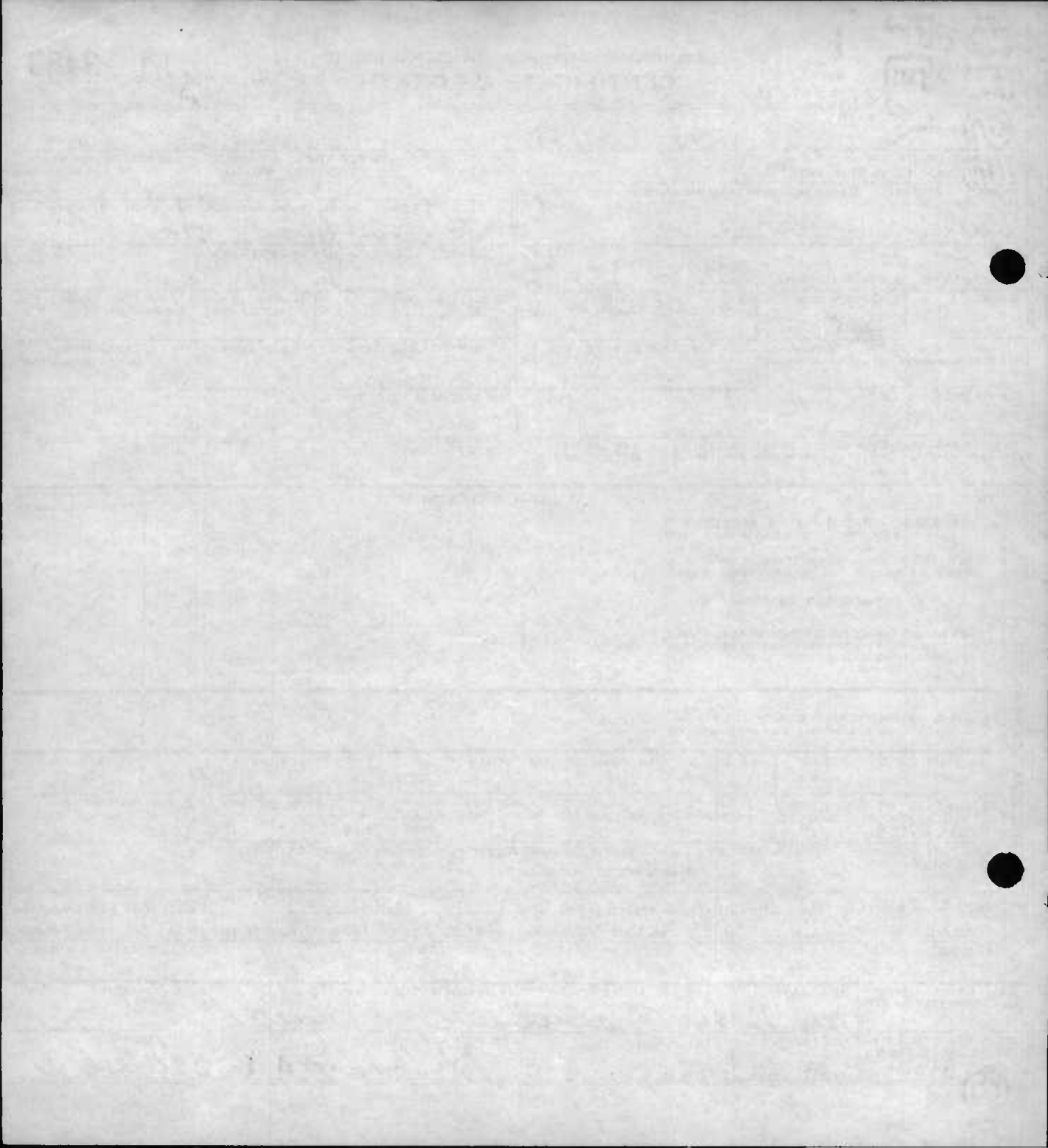
18. <u>770.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>englobulosis fetalis</u> CAUSE OF DEATH (A) _____ DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>3-15-51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-15-</u> , 19 <u>51</u> , to <u>3-15-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-15-</u> , 19 <u>51</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Deagledga</u> M. D.		23B. ADDRESS <u>Univ. Hospitals</u>		23C. DATE SIGNED <u>3-16-51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>Mar. 16-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Paul Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 16 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. Williams</u>	25. FUNERAL DIRECTOR <u>Wm. Williams & Co. St. Paul St.</u>

MEDICAL CERTIFICATION

Correct any errors in copy any important information. If errors, please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2484

BIRTH NO. 320

1. NAME OF DECEASED
(Type or Print) August. F. Stagge

2. DATE OF DEATH 3-14-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE MARYLAND B. COUNTY 20-01

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Lutheran Hosp. of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City

D. STREET ADDRESS (If rural, give location)
2003 W. Lexington Sr.

E. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
Aug-17-1880

9. AGE (In years last birthday)
70

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY
-Rail-Rd-Bx

11. BIRTHPLACE (State or foreign country)
MARYLAND

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Christian H. Stagge

14. MOTHER'S MAIDEN NAME
Louisa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
-

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
CORA B. Stagge - Same

18. 204.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia (B. Pyococcus)

DUE TO

2 de

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aganulocytosis

DUE TO

(1 mo)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Acute Aleukemic Leukemia (monocytic)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 26 1951, to March 14, 1951 that I last saw the deceased alive on March 14, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. H. Edwards

M. D.

Lutheran Hosp. Md.

3/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial -

3/17/1951

Western Cemetery Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams 1000 E. Pratt St. - 1700 E. Canton Place

MAR 16 1951

59150

0740

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

City of ...

On the ... day of ...

at ...

I, the undersigned, a duly qualified ...

do hereby certify that ...

... died at ...

... at the age of ...

... years ...

... months ...

... days ...

... hours ...

... minutes ...

... seconds ...

... of the ...

... of the ...

... of the ...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2485

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address 3025 Windsor Ave.
(c) Hospital or institution:
Windsor Nursing Home.
Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County Balto
(c) City or town 6 Avon Ave. 53-00
(If outside city or town limits, write RURAL and give town)
(d) Street No. Turner Station
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Thomas Bernard Narutowicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary M. Karschinska 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4/1904
8. AGE: Years 46 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Balto. Co.
(Town, county, and state)

10. Usual Occupation Tavern Keeper.

11. Industry or business Self-employed.

FATHER 12. Name Stephan Narutowicz

13. Birthplace Poland

MOTHER 14. Maiden Name Annie W. Wisniewski

15. Birthplace Poland.

16 (a) Informant Mary Narutowicz

(b) Address 6 Avon Ave. Turner Station

(a) Burial (b) Date thereof 3/19/51
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location Turner Hill Rd.

18 (a) Funeral director John B. Connolly

(b) Address 418 Eastern Ave. East 21.

19 MAR 16 1951
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1951, at 9:52 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4, 1950 to 3/15, 1951, and that I last saw him alive on 3/14, 1951.

Immediate cause of death Myocardial infarction due to hypertension.
Due to hypertension
Due to cardiac failure.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. M. March

Address 801 B. Ave. N. Date signed 3/15/51

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2486

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora M. Roberts.

2. DATE
OF
DEATH

march 14, 1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1212 Druid Hill Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1212 Druid Hill Ave.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 20, 1889

9. AGE (In years last birthday)

62

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Minness.

14. MOTHER'S MAIDEN NAME

Maggie Parker.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
mae Lancaster. 1212 Druid Hill

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardio-vascular Renal Disease

4-5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension
Enlarged Heart

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

3-4 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/46, 19, to 3/14/51, 19, that I last saw the deceased alive on 3/12, 1951 and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

N. Louis Young

M. D.

23B. ADDRESS

1100 Druid Hill Ave

23C. DATE SIGNED

3/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 17, 1951

Arbutus Memorial

Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

M. Louis Young

Mrs. Katie A. Williams

322 N. Schuyler St.

061.0

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2487**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (Mazie) MAISIE ROSS			2. DATE OF DEATH March 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Belts. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 25 yrs.			D. STREET ADDRESS (If rural, give location) 134 S. Caroline Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 13-1913	9. AGE (In years last birthday) 37	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (State or foreign country) Denwood Co. Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edmondo Ross			14. MOTHER'S MAIDEN NAME Julia Mathews		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT William Ross 1302 E. Lexington St		

MEDICAL CERTIFICATION

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty infiltration of liver (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

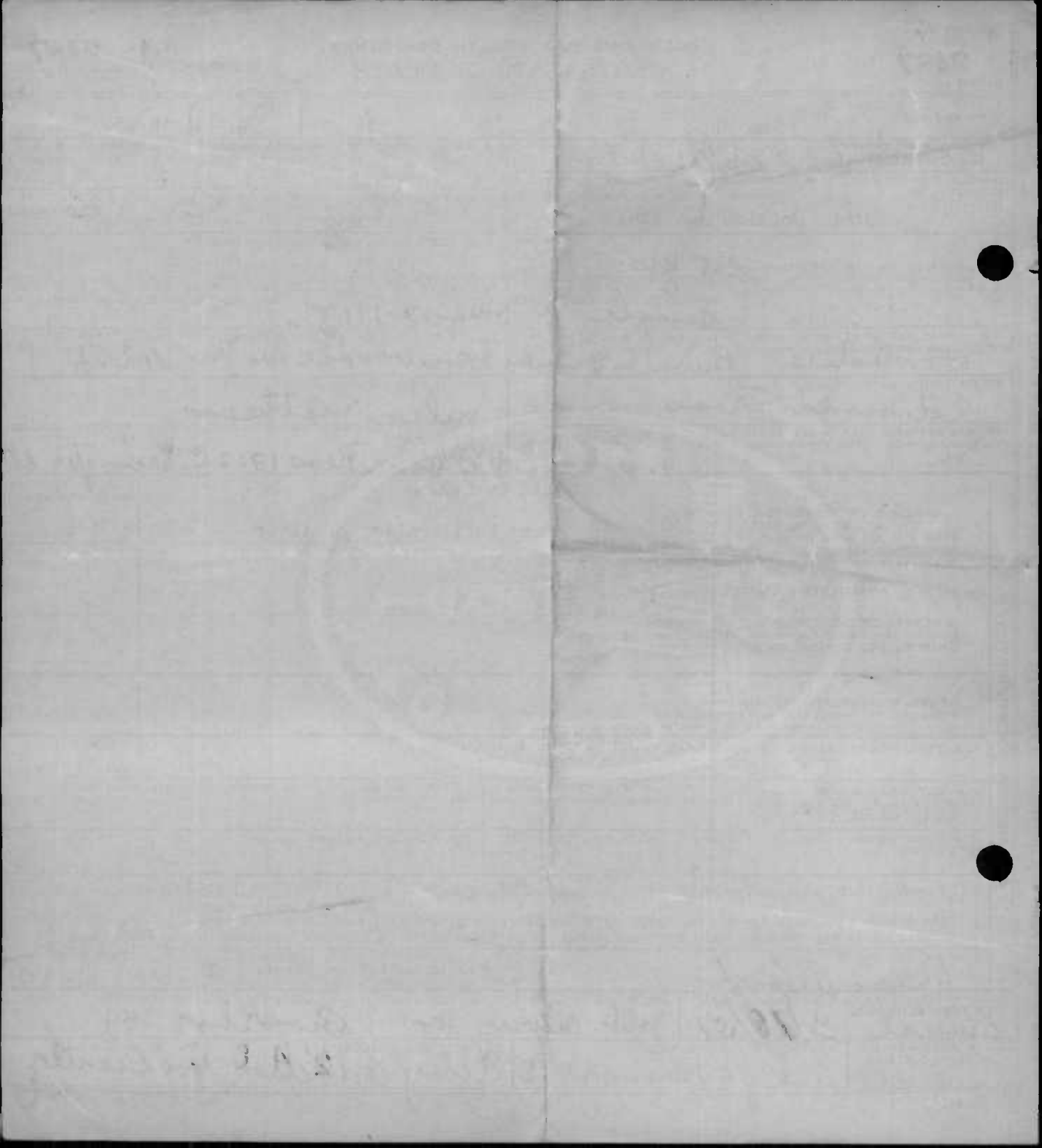
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William O. Smith		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/19/51	24C. NAME OF CEMETERY OR CREMATORY mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William O. Smith	25. FUNERAL DIRECTOR Clay O. Wilson		ADDRESS 100 Biantly	

MAR 16 1951

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2488 JL- 146655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2488

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie Jones

2. DATE
OF
DEATH

3-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md. Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1709 E. Lanvale St.

Length of stay in Baltimore

30 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Div.

8. DATE OF BIRTH

Nov 19, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Prince Edward Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Jones

14. MOTHER'S MAIDEN NAME

Susie Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. records, 4940 Eastern Ave.

18. 331 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

5 days

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Intercerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 3-10-51, 19 / to Mar. 15, 19 51, that I last saw the
deceased alive on March 15, 19 51 and that death occurred at 8.15 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4940 Eastern Ave.

3-15-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/18/1951

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

VS 150

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correct age is especially important. Physicians, please write the causes of death clearly and legibly.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2489

BIRTH NO. 321

1. NAME OF DECEASED
(Type or Print) EVA Witkofsky

2. DATE OF DEATH 3-16-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MARYLAND B. COUNTY ANNE ARUNDEL

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
FERNDAL (GLEN BURNIE, MD P.O.)

D. Length of stay in Baltimore 7 Yrs. Mos. Days

O. STREET ADDRESS (If rural, give location)
108 FERNDAL ROAD

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH FEB. 20, 1887 9. AGE (In years last birthday) 69 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWORK (RETIRED)

10B. KIND OF BUSINESS OR INDUSTRY
OWN HOME

11. BIRTHPLACE (State or foreign country)
BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME
JOSEPH SPORNY

14. MOTHER'S MAIDEN NAME
ANNA LEWANDOWSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONA

17. INFORMANT ADDRESS
JOHN RICKERT 111 FERNDAL RD GLEN BURNIE, MD

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple myeloma
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonitis
DUE TO
(C) malnutrition

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1951, to 3-16, 1951, that I last saw the deceased alive on 7:00 P., 1951, and that death occurred at 7 4 m., from the causes and on the date stated above.

23A. SIGNATURE R. Paulding Jr. M. D.

23B. ADDRESS Wm - 1400p.

23C. DATE SIGNED 3-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE MCH. 19, 1951

24C. NAME OF CEMETERY OR CREMATORY HOLY ROSARY

24D. LOCATION (City, town, or county) (State)
Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 16 1951

REGISTRAR'S SIGNATURE
W. J. Williams, Jr.

25. FUNERAL DIRECTOR ADDRESS
W. J. Williams, Jr. Glen Burnie, Md

1945

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UNITED STATES GOVERNMENT

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OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 2490

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GAVENA Y. STAIR

2. DATE
OF
DEATH

March 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 33 E. 21st St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

33 E. 21st St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 25, 1901

9. AGE (In years

last birthday)

50

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Wylie

14. MOTHER'S MAIDEN NAME

Janet Beverage

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George A. Stair - 33 E. 21st St.

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Sclerosis

Indefinite

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Rheumatic Heart Disease

27 yrs

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Postop (20 yrs) Hypertension

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 1949, to 10' Mar, 1951, that I last saw the deceased alive on 3 Feb, 1951, and that death occurred at 3:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

23C. DATE SIGNED

2020 4. Charles St

16 Mar 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Nanticoke, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1951

William Williams

Wm. J. Schenck & Son - Balt. Md.

AMERICAN
CONGRESS
SECOND
JANUARY

1853

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2491

155
51 2491
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Charles W. HOFFMAN</u>			2. DATE OF DEATH <u>3/15/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>BALTO</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Square Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>3923 Cloverhill Rd.</u>		
7. SEX <u>M</u>	8. COLOR OR RACE <u>W</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	10. DATE OF BIRTH <u>2/19/1876</u>		11. AGE (In years last birthday) <u>74</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>P</u>		12. BIRTHPLACE (State or foreign country) <u>Pa.</u>
13. FATHER'S NAME <u>Richard H. Hoffman</u>			14. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mrs. Agnes H. Hoffman</u>			ADDRESS <u>3823 Cloverhill Rd</u>		

MEDICAL CERTIFICATION

18. <u>181X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Generalized carcinomatosis</u> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Carcinoma of Bladder</u> (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>II</u> (C)		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2/19, 1951, to 3/15, 1951, that I last saw the deceased alive on 3/15, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>D. F. Hawkins, Jr.</u>		23B. ADDRESS <u>Franklin Square Hosp</u>		23C. DATE SIGNED <u>3/15/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/19/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cem.</u>	
		24D. LOCATION (City, town, or county) <u>Pikesville, Md.</u>		(State)	

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 16 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Delaney</u>		25. FUNERAL DIRECTOR <u>Wm. J. Delaney</u>	
		ADDRESS <u>Baltimore, Md.</u>			

07580

0526

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

<p>1. Name of Deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of Death</p>		<p>5. Time of Death</p>		<p>6. Place of Death</p>	
<p>7. Cause of Death</p>		<p>8. Manner of Death</p>		<p>9. Signature of Registrar</p>	
<p>10. Signature of Medical Officer</p>		<p>11. Signature of Coroner</p>		<p>12. Signature of Police Officer</p>	
<p>13. Signature of Family Member</p>		<p>14. Signature of Burial Officer</p>		<p>15. Signature of Cemetery Officer</p>	
<p>16. Signature of Undertaker</p>		<p>17. Signature of Transport Officer</p>		<p>18. Signature of Health Officer</p>	
<p>19. Signature of Public Health Officer</p>		<p>20. Signature of Medical Officer of Health</p>		<p>21. Signature of Health Officer</p>	
<p>22. Signature of Health Officer</p>		<p>23. Signature of Health Officer</p>		<p>24. Signature of Health Officer</p>	
<p>25. Signature of Health Officer</p>		<p>26. Signature of Health Officer</p>		<p>27. Signature of Health Officer</p>	
<p>28. Signature of Health Officer</p>		<p>29. Signature of Health Officer</p>		<p>30. Signature of Health Officer</p>	
<p>31. Signature of Health Officer</p>		<p>32. Signature of Health Officer</p>		<p>33. Signature of Health Officer</p>	
<p>34. Signature of Health Officer</p>		<p>35. Signature of Health Officer</p>		<p>36. Signature of Health Officer</p>	
<p>37. Signature of Health Officer</p>		<p>38. Signature of Health Officer</p>		<p>39. Signature of Health Officer</p>	
<p>40. Signature of Health Officer</p>		<p>41. Signature of Health Officer</p>		<p>42. Signature of Health Officer</p>	
<p>43. Signature of Health Officer</p>		<p>44. Signature of Health Officer</p>		<p>45. Signature of Health Officer</p>	
<p>46. Signature of Health Officer</p>		<p>47. Signature of Health Officer</p>		<p>48. Signature of Health Officer</p>	
<p>49. Signature of Health Officer</p>		<p>50. Signature of Health Officer</p>		<p>51. Signature of Health Officer</p>	
<p>52. Signature of Health Officer</p>		<p>53. Signature of Health Officer</p>		<p>54. Signature of Health Officer</p>	
<p>55. Signature of Health Officer</p>		<p>56. Signature of Health Officer</p>		<p>57. Signature of Health Officer</p>	
<p>58. Signature of Health Officer</p>		<p>59. Signature of Health Officer</p>		<p>60. Signature of Health Officer</p>	
<p>61. Signature of Health Officer</p>		<p>62. Signature of Health Officer</p>		<p>63. Signature of Health Officer</p>	
<p>64. Signature of Health Officer</p>		<p>65. Signature of Health Officer</p>		<p>66. Signature of Health Officer</p>	
<p>67. Signature of Health Officer</p>		<p>68. Signature of Health Officer</p>		<p>69. Signature of Health Officer</p>	
<p>70. Signature of Health Officer</p>		<p>71. Signature of Health Officer</p>		<p>72. Signature of Health Officer</p>	
<p>73. Signature of Health Officer</p>		<p>74. Signature of Health Officer</p>		<p>75. Signature of Health Officer</p>	
<p>76. Signature of Health Officer</p>		<p>77. Signature of Health Officer</p>		<p>78. Signature of Health Officer</p>	
<p>79. Signature of Health Officer</p>		<p>80. Signature of Health Officer</p>		<p>81. Signature of Health Officer</p>	
<p>82. Signature of Health Officer</p>		<p>83. Signature of Health Officer</p>		<p>84. Signature of Health Officer</p>	
<p>85. Signature of Health Officer</p>		<p>86. Signature of Health Officer</p>		<p>87. Signature of Health Officer</p>	
<p>88. Signature of Health Officer</p>		<p>89. Signature of Health Officer</p>		<p>90. Signature of Health Officer</p>	
<p>91. Signature of Health Officer</p>		<p>92. Signature of Health Officer</p>		<p>93. Signature of Health Officer</p>	
<p>94. Signature of Health Officer</p>		<p>95. Signature of Health Officer</p>		<p>96. Signature of Health Officer</p>	
<p>97. Signature of Health Officer</p>		<p>98. Signature of Health Officer</p>		<p>99. Signature of Health Officer</p>	
<p>100. Signature of Health Officer</p>		<p>101. Signature of Health Officer</p>		<p>102. Signature of Health Officer</p>	

150
51 2492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2492

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN R. BEAVAN		2. DATE OF DEATH Mar. 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1911 Hollins St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1911 Hollins St.	
5. SEX female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 9, 1880
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew P. McKenna		14. MOTHER'S MAIDEN NAME Lucy Gaynor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Raymond A. Beavan, Sr.		ADDRESS St. 1911 Hollins	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute Coronary Thrombosis DUE TO (B) Hypertensive arteriosclerosis DUE TO (C) C.V. Disease		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours 12 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from August, 1944, to March 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE **John F. Caalaban** M. D. 23B. ADDRESS **4201 Wilkes Ave. City 28.4** 23C. DATE SIGNED **March 16, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 3/17/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	24D. LOCATION (City, town, or county) (State) Washington, D. C.
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1951		REGISTRAR'S SIGNATURE John F. Caalaban	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1951		FURNERAL DIRECTOR'S SIGNATURE John F. Caalaban	

093 d Md

CONFIDENTIAL
BOND
100-111111

200
51 2493
BIRTH NO.

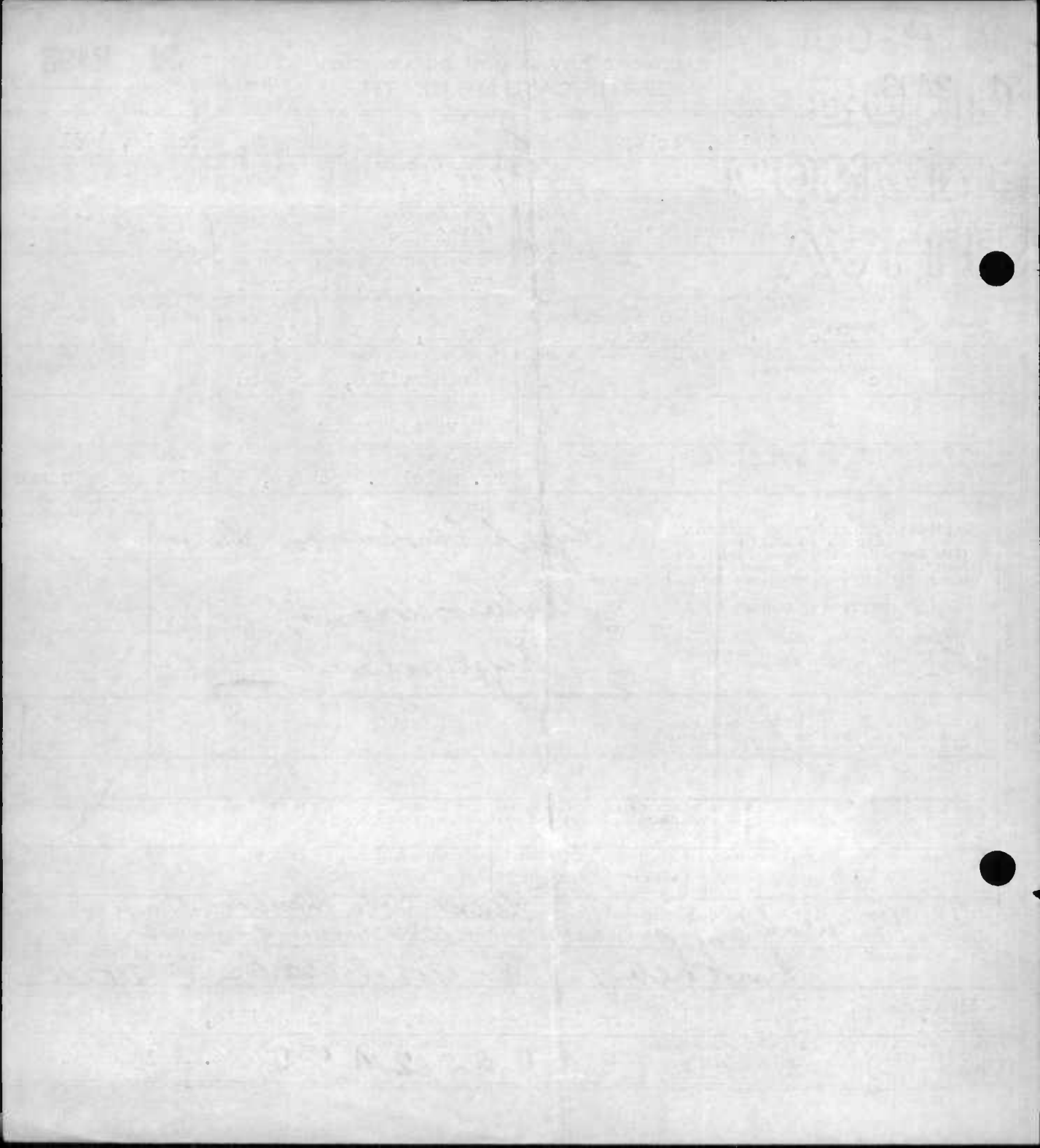
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2493
Registered No.

1. NAME OF DECEASED (Type or Print) Mabel N. Cockey		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3107 N. Calvert Street		C. CITY OR TOWN (If outside corporate limits, write street and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3107 N. Calvert Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 19, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Lutherville, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Amon Swen		14. MOTHER'S MAIDEN NAME Sovena Shroyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mabel E. Rockett, 502 Allegheny Avenue		ADDRESS	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypert. Cardia - Vasc. disease (A) OUE TO Arteriosclerosis (B) OUE TO Myocarditis (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 14, 1951 , to March 14, 1951 , that I last saw the deceased alive on March 14, 1951 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Kentucky		23B. ADDRESS 3603 N. Charles		23C. DATE SIGNED Mar 17	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/17/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR Wm. B. B. Inc.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1951		REGISTRAR'S SIGNATURE Wm. B. B. Inc.		ADDRESS 17 St. Paul Street	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2494
Registered No. _____

1 520
BIRTH NO. 51 2494

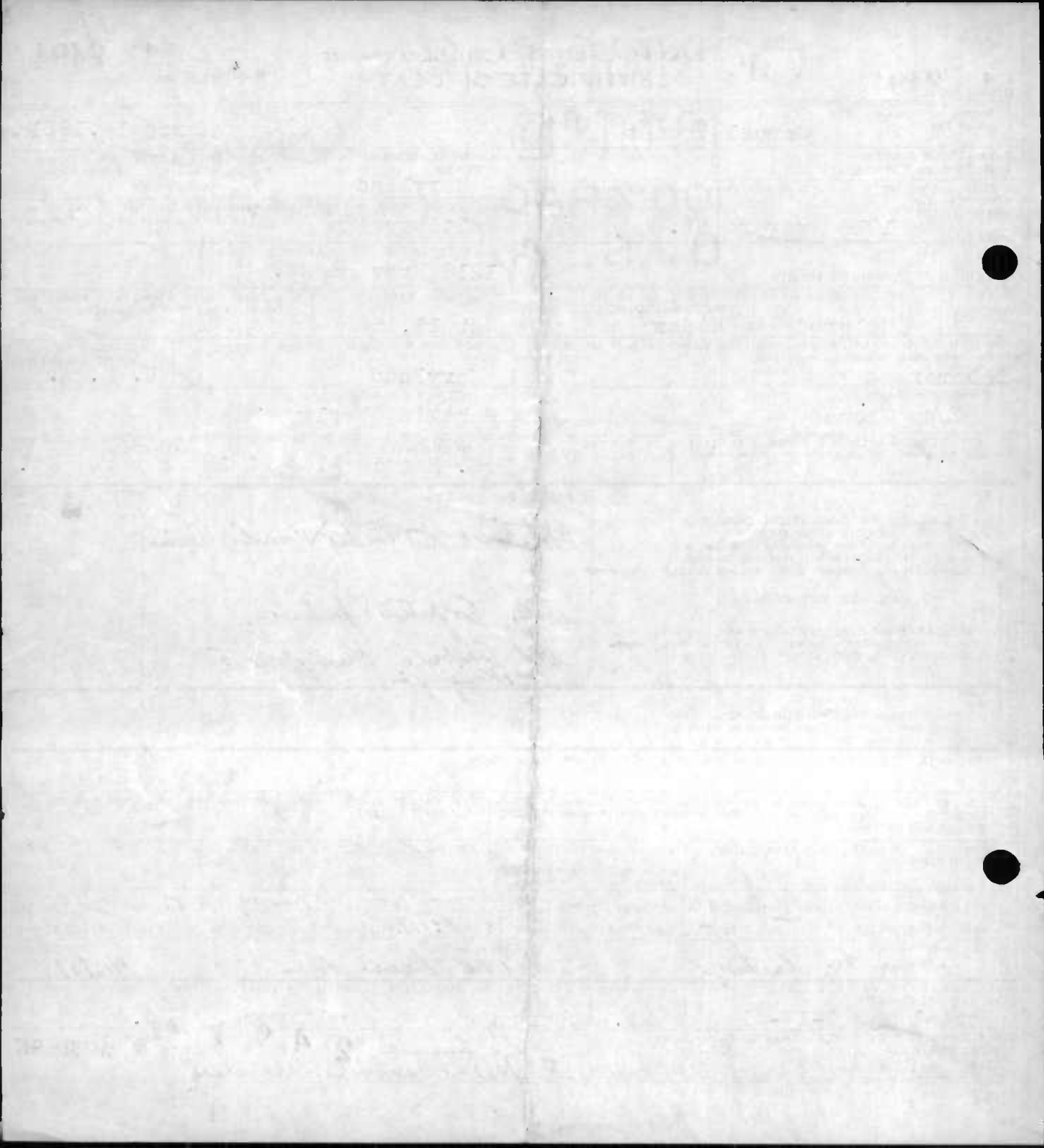
1. NAME OF DECEASED (Type or Print) Samuel Thomas		2. DATE OF DEATH March 14, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1218 Brevard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1218 Brevard St.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 11, 1863
9. AGE (In years last birthday) 88		10. UNDER 1 YEAR Months: _____ Days: _____	11. UNDER 24 HOURS Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Thomas		14. MOTHER'S MAIDEN NAME Mahelia Chesley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Hattie Fleet		ADDRESS 1218 Brevard St.	

18. 477-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriorly located cerebral vascular disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. with degenerative failure		
(B) old cerebral hemorrhage & hypertension		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to Mar 14 , 19 51 , that I last saw the deceased alive on _____, 19____, and that death occurred at 1:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John H. Gentry		23B. ADDRESS 1705 N. ...		23C. DATE SIGNED 3/15/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.		24F. ADDRESS 578 W. Biddle St.	

DATE RECEIVED BY LOCAL REGISTRAR **MAR 17 1951** REGISTRAR'S SIGNATURE **Wm. H. Gentry** 25. FUNERAL DIRECTOR **Wm. H. Gentry** ADDRESS **578 W. Biddle St.**

VS 150 **093d**



CERTIFICATE CORRECTED 3-30-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2495

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Cooley Ferguson

2. DATE
OF
DEATH

March 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY U. S. A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3106 Louise Ave., 14

5. SEX

male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/9/92

9. AGE (in years last birthday)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physical Education

10B. KIND OF BUSINESS OR INDUSTRY

Supervisor Md. State Dept. of Physical Education

11. BIRTHPLACE (State or foreign country)

Adams, Massachusetts

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Knox Ferguson

14. MOTHER'S MAIDEN NAME

Gertrude ~~Barnard~~ BARNUM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes World War I & II

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mrs. Bertha Macleod Ferguson 3106 Louise Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple Pulmonary Embolisms

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Varicose viens in legs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/11/51 to 3/16, 1951, that I last saw the deceased alive on 3/16, 1951, and that death occurred at 3:10 P. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-21-1951

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON NATIONAL ARLINGTON, VA.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1951

John O. Mitchell 1900 Eutaw Pl.

10-2-59

CONFIDENTIAL

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425 Dr. Karfgin

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2496

Registered No.

51 2496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Wilson

2. DATE
OF
DEATH

Mar. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3002 Wisteria Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3002 Wisteria Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 29 1864

9. AGE (in years
last birthday)

86

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Darrough

14. MOTHER'S MAIDEN NAME

Maria Dryden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Marcus C. Wilson, 3310 Parklawn

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to 3/15/51, 19, that I last saw the
deceased alive on 3/15/51, 19, and that death occurred at 12:29 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-19-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

6-8 pm

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2497
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jesse S. Baer

2. DATE
OF
DEATH

Mar. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3621 Crossland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3621 Crossland Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 26, 1892

9. AGE (In years last birthday)

58

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bob Fleigh, Auto

10B. KIND OF BUSINESS OR INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Allen A. Baer

14. MOTHER'S MAIDEN NAME

Jemina Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

215-03-1833

17. INFORMANT

ADDRESS

Mrs. Emma Baer, 3621 Crossland Ave.

18. **4201**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**
arterio-sclerosis

State

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **cardio-vascular-Renal disease**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 4, 1951**, to **3/15, 1951**, that I last saw the deceased alive on **3/8, 1951**, and that death occurred at **445 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Louis F. Trueman

23B. ADDRESS

722 No. Kenwood Ave

23C. DATE SIGNED

3/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

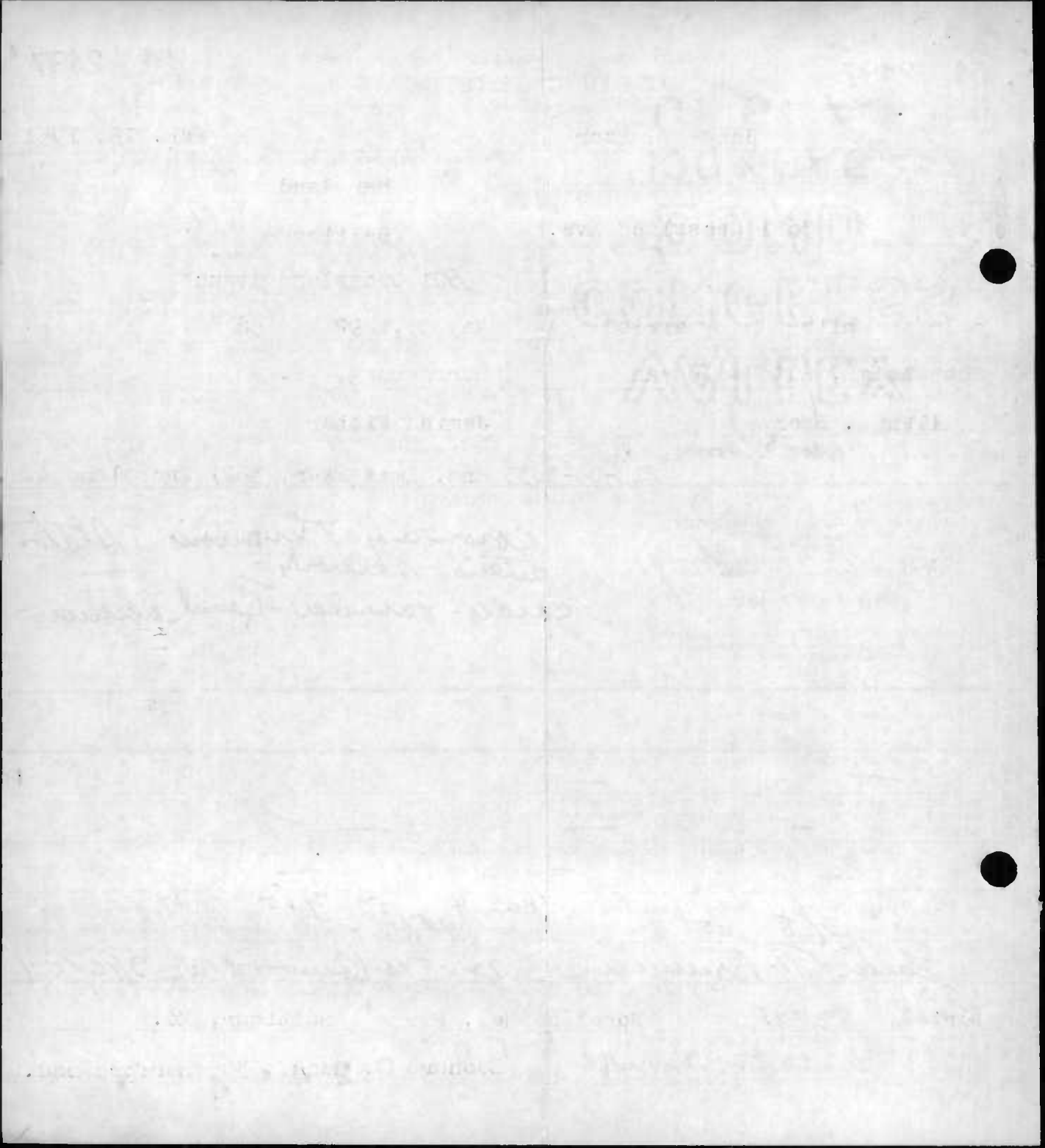
MAR 17 1951

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Duck, 5305 Harford Road.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2498**

51 2498
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY KATHERINE (Carrie) ZIEGLER			2. DATE OF DEATH March 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1722 N. Broadway			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1722 N. Broadway			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 7, 1873	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Martin Ziegler			14. MOTHER'S MAIDEN NAME Matilda Hoops		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 1722 N. Broadway - 13 Miss Lillian V. Ziegler		

CAUSE OF DEATH

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General Hemorrhage due to Arteriosclerotic C-V disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years
--	---

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1948** to **March 1951** that I last saw the deceased alive on **Mar. 15, 1951**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Greengard	23B. ADDRESS 1520 E. 33rd St.	23C. DATE SIGNED 3-17-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3/19/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1951	REGISTRAR'S SIGNATURE Wm. H. Greengard	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	ADDRESS BALTIMORE 214 MD.
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093d

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246
51 2499BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2499

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lillie Eichler</i> LILLIE EICHLER			2. DATE OF DEATH <i>3-16-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Md. Gen Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1600 N. Chapel St #3</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Mar. 6, 1899</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Asst.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Chas. Mayes</i> NOYES		14. MOTHER'S MAIDEN NAME <i>Elizabeth Lloyd</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>219-20-5747</i>		17. INFORMANT <i>1600 N. Chapel Street</i> <i>Mr. Arthur O. Eichler</i>	

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Hypostatic pneumonia</i> DUE TO (B) <i>Biliary Cirrhosis</i> DUE TO (C) <i>Obstr. of biliary tract (cancer)</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

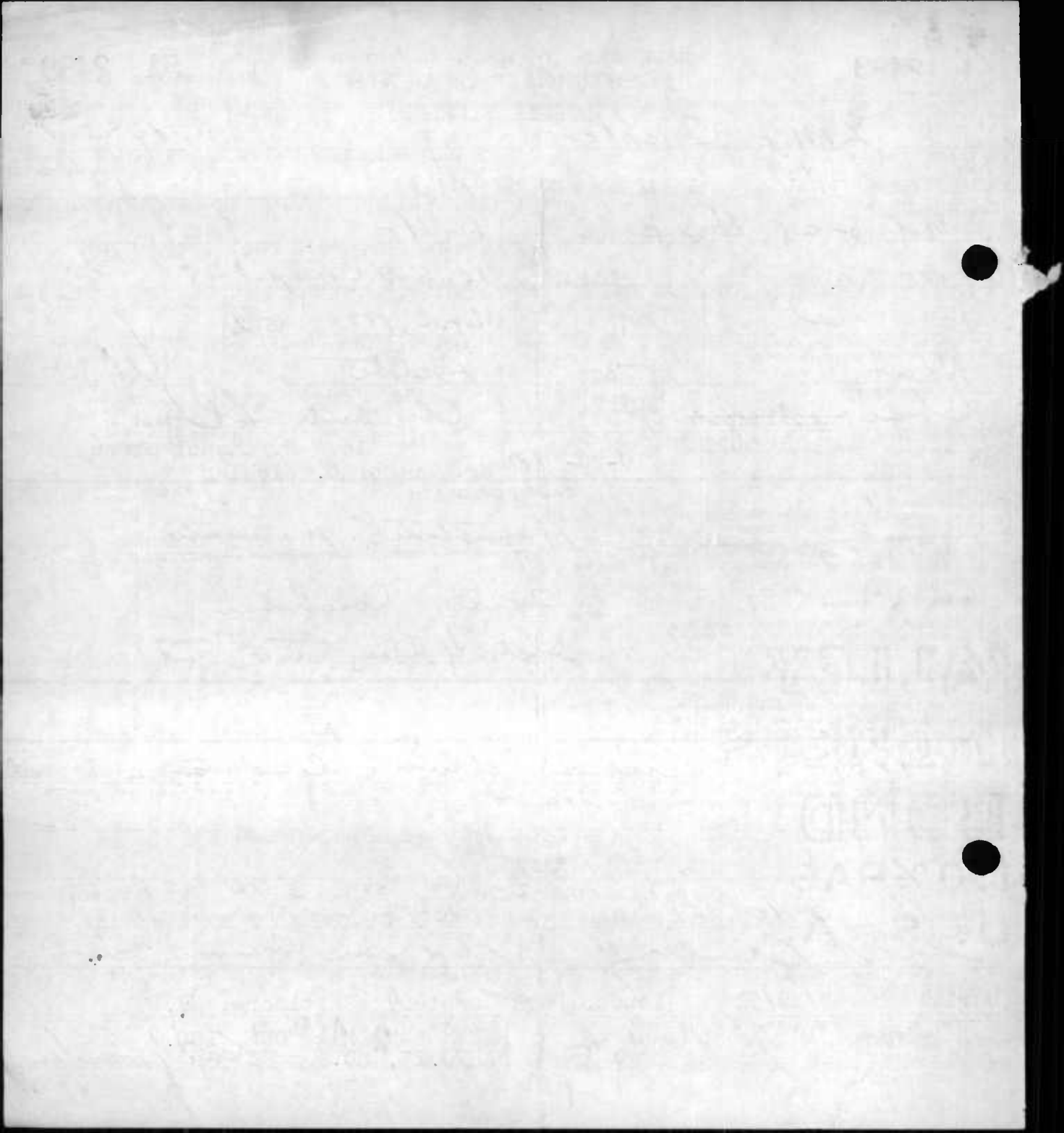
19A. DATE OF OPERATION <i>3-9-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cirrhosis of liver & obstructed ducts</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-28*, 19*51*, to *3-16*, 19*51*, that I last saw the deceased alive on *3-16*, 19*51*, and that death occurred at *10:23* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. K. Bruden</i>	23B. ADDRESS <i>Md. Gen. Hosp.</i>	23C. DATE SIGNED <i>3-16-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>3/19/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1951</i>	REGISTRAR'S SIGNATURE <i>W. K. Bruden</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i> <i>BALTO. 13, MD.</i>	ADDRESS <i>Seay St. Sander</i>
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2500

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELEANOR SCHOOLDEN

2. DATE
OF
DEATH

March 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

Box 142

length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

5.

8. DATE OF BIRTH

8-21-49.

9. AGE (In years last birthday)

18

11 Under 1 year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry E.

14. MOTHER'S MAIDEN NAME

Eleanor E.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. E924.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia (strangulation)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

421 6th Avenue, Glen Burnie, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 15, 1951 12 noon

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped down between feeding table and back of chair

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED March 16, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Louder Park

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 17 1951

REGISTRAR'S SIGNATURE

William H. Fisher

25. FUNERAL DIRECTOR

James McCarty

ADDRESS

VS 151

V-991X

195E ✓

Correct use is especially important. Physicians: please write the causes of death clearly and legibly.

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